

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000044444**

orporation Name
TECARE, INC.

Principal Place of Business
**W 22ND STREET
RATON FL 33486**

Mailing Address
**860 SW 22ND STREET
BOCA RATON FL 33486**

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90005 048 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 05/19/1997
Suite, Apt. #, etc.		26	4. FEI Number 65-0757739
City & State		27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Zip	29	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEWIS, HARRIET 888 SE 3RD AVENUE SUITE 500 FORT LAUDERDALE FL 33335		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		1.2 NAME	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	V.P. Harriet Lewis
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	860 SW 22 St
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	Boca Raton, FL 33486
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **John H. Lewis**

7/2/99 561-391-6008

CR2E034 (5/99)