SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077657 (9)

TOTAL CARE MANAGEMENT INC.

FILED Sep 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
Principal Place of Business Mailing Addres 2831 NE 9TH TERRACE 2831 NE 9TH TE POMPANO BEACH FL 33064 POMPANO BEACH			64		DO NOT WRITE ALS	UIS ÉDACE
					DO NOT WRITE IN TO 3. Date Incorporated or Qualified 09/09/1997	HIS SPACE
2. Principal P	Place of Business	28. Malling Address 26			4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc. 22 City & State 23 Forpare Asch [5] 4		Suite, Apt. #, etc. 27 J831 ME Gos Frew City & State 28 Hang Hand Beh File.		· W	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				%	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3306	25 South	29 3 66 4	30 Countr	roward	This corporation owes or has paid the Personal Properly Tax due June 30. Name and Address of New Register.	Yes No
PAU	RER, RAYMOND F III	t Kegistereo Agent	8	Name _/	./	ou Appoin
2831 NE 9TH TERRACE				Ka	to (P.O. Roy Number in Net Associable)	
	IPANO BEACH FL 33064		82	Street Addre	s (P.O. Box Number is Not Acceptable)	
	THE DESCRIPTION		83	3		
			84	City		85 Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or profold name of registered agent	of Florida. Such change was allions of, section 607.0505, Florida in the Happle able (No. (No. (No. (No. (No. (No. (No. (No.	authorized b orida Statute OTE: Registered	y the corporation		pointment as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D DOMOGO DAVAGONO E	L DELETE	1.1 TITLE			Change Addition
NAME	BOHRER, RAYMOND F		1.2 NAME			
STREET ADDRESS	2831 NE 9TH TERRACE POMPANO BEACH FL 33064		8	TADDRESS		
CITY-ST-ZIP	FOMFARO BEACTIFE 33004	DELETE	1.4 CITY-S 2.1 TiTLE	1-209		The same of the sa
NAME		L" I DETE IE	2.2 NAME			Change Addition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	į.		
TITLE		DECETE	3.1 TITLE			Change Addition
NAME		f" pricip	3.2 NAME			Change 1 1 Haditon
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	[3.4 CITY-S	1-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREF	T ADDRESS		
CITY-ST-ZIP	 .		4.4 CITY-S	T-7IP		
TITLE		DELETE	. 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		· —	5.4 CITY-S	T-ZIP		
TITLE		[] DELETE	6.1 TITLE		400002644 -09/21/9801005-	Change Addition
NAME			62 NAME		- የተመመመዘመር መኖት ት ስዕ /ጋ1 /ዕዕ፡ በ1000:	1050
STREET ADDRESS				I ADDRESS	***150,00	97/7
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	本本本主(D)(J)。D	1

14. 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 on the receiver or trustee empowered to execute this "eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

· To Whom if may concern

This is anote just to let you know.
This was the first copy of this bill

I got, I called and the person I spoke

With First unded me to write you this

Note and send this check.

If you need any other Information

please feel free to Contact the:

Best Regards Raymond Bohver

PS never recieved 1st Notice