## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 21 1998 8:00am Secretary of State

DOCUMENT # P97000105937 (1) IN CARING HANDS, INC. Principal Place of Business Mailing Address 9401 SW 94 CT 9401 SW 94 CT MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0800*53*0 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Zφ Country Zio 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAMILTON-TAYLOR, SUSAN J 9401 SW 94 CT 62 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 City Zip Code 11. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIBLE DELETE 1.1 TITLE Change Addition HAMILTON-TAYLOR, SUSAN J NAME 1.2 NAME CR2E034 9401 SW 94 CT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2 1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: