

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000038987

1 Corporation Name
METRO-CARE STORE, INC.

99 OCT 29 PM 2:57



4-29-99 90226 041 190.00

Principal Place of Business Mailing Address
P O BOX 812679 P O BOX 812679
BOCA RATON FL 33481 BOCA RATON FL 33481

21 Principal Place of Business	26 Mailing Address	3 Date Incorporated or Qualified	4 FEI Number	Applied For
Suite, Apt # etc	Suite, Apt # etc	04/28/1998	65-0475537	Not Applicable
22 City & State	27 City & State	5 Certificate of Status Desired		\$8.75 Additional Fee Required
23 Zip	28 Zip	6 Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Country	29 Country	7 This corporation owes the current year intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TILLEY, MICHAEL R
2000 GLADES ROAD STE 208
BOCA RATON FL 33431

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12 OFFICERS AND DIRECTORS		13 ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P, VP, S, & T <input type="checkbox"/> DELETE	11 TITLE	No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arline Gladstone	12 NAME	
STREET ADDRESS	P.O. Box 812679	13 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33481-267979	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-89

Daytime Phone #

561-392-8612