PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90035 022 ***150.00

DOCUMENT # P98000042335

| - | CARE COMMUNICATIONS, IN | NC. | | | | | 11 53 11 6 5 11 6 5 | | | |
|---|---|---|--|---|----------------------------|---|--|------------------|------------------------------|-----------------|
| Principal Place | of Business | Mailing Address | | | | - 1 tädiidäl (YA lavet iavit adiri aas | | IŽIĮ IIŽOS IKIDO | titet ättt tän: | |
| 5310 BELLEFIEL | | 5310 BELLEFIELD DR. | | | | 1 | | | | |
| | TAMPA FL 33624 TAMPA FL 33624 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | IE IN ITHO | or non | | |
| | | | | | | 05/11/1998 | | | | |
| | | 2a. Mailing Address | _ | | | 4. FEI Number | | T Ap | plied For | |
| | face of Business | 26 26 | | | | 59-3510758 | 3 - | | Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | | \$8.75 | Additional | |
| 22 | w, 010. | 27 | 7 | | | 5. Certifcate of Status Desired | | Fee Re | quired | |
| City & Stat | 9 | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | o Fees | |
| Zip | Country | Zip | Con | miry —— | | B. This corporation owes the curr | ent year inta | | ==== | ~ |
| 24 | 25 | 29 | 30 | , | | Personal Property Tax. | | ☐ Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New F | legistered A | -gent | | |
| 400 | OTOLANIC PERENCE C | | | 81 Nam | 8 | | | | | |
| | stolakis, Zebedee C) Bellefield Dr. | | | 82 Stree | t Addre | iss (P.O. Box Number is Not Accepta | ible) | ·· · | | |
| | | | | - | | | | | | |
| IAM | PA FL 33624 | | | B3 | | | | | | |
| | | | | 84 City | | | FL | 85 Zip (| Code | |
| | | | | | 4 | making authority this statement for the | | changing its | registered | |
| 11. Pursuant office or ragent, La | to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati | g and 607.1508, Florida Statu of Florida, Such change was a ions of, Section 607.0505, Fl | authorized orida Stat | d by the cou | poratio | n's board of directors. I hereby accer | ot the appoir | ntment as re | gistered | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | | when restating) | DATE | | | · 60 |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | RS IN 12 | . ₹ |
| TITLE | DSTP | | | 21 e: | | | | | ☐ Addition | |
| NAME | | OELETE | 1.17 | ite | | | | Change | Addition | E |
| | APOSTOLAKIS, ZEBEDEE C | ☐ DELETE | 12 N | AME | | | - <u>-</u> | | Addition | 034 (1 |
| STREET ADDRESS | | [] OELETE | 12 N | | s | | | | Addition | 2E034 (1 |
| STREET ADORESS CITY-ST-ZIP | APOSTOLAKIS, ZEBEDEE C | | 12 N/ 13 S1 1.4 Cf | AME TREET ADDRES TY-ST-ZIP | s | | | Change | Addition | CR2E034 (11/98) |
| | APOSTOLAKIS, ZEBEDEE C 5310 BELLEFIELD DR. | ☐ DELETE | 12 N/ 13 S1 1.4 CF 2.1 TF | AME TREET ADDRES TY-ST-ZIP TLE | s | | | | Addition | CR2E034 (1 |
| CITY-ST-ZIP | APOSTOLAKIS, ZEBEDEE C 5310 BELLEFIELD DR. | | 12 N/ 13 ST 1.4 CC 2.1 TT 2.2 N/ | AME TREET ADDRES TY-ST-ZIP TLE AME | | | | Change | Addition | CR2F034 (1 |
| CITY-ST-ZIP TITLE | APOSTOLAKIS, ZEBEDEE C 5310 BELLEFIELD DR. | | 12 N/ 13 S1 1.4 CI 2.1 TI 22 N/ 23 S1 | AME TREET ADDRES TY-ST-ZIP TLE AME FREET ADDRES | | | | Change | Addition | CR2F034 (4 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | APOSTOLAKIS, ZEBEDEE C 5310 BELLEFIELD DR. | ☐ DELETE | 12 NV 13 ST 1.4 CF 2.1 TF 2.2 NV 2.3 ST 2.4 CF | AME TREET ADDRES TTY-ST-ZIP TILE AME TREET ADDRES TTY-ST-ZIP | | | | Change | Addition | CR2F034 (4 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | APOSTOLAKIS, ZEBEDEE C 5310 BELLEFIELD DR. | | 12 NJ 13 ST 1.4 CZ 2.1 TT 2.2 NJ 2.3 ST 2.4 C 3,1 TT | AME TREET ADDRES TTY-ST-ZIP TILE AME TREET ADDRES TTY-ST-ZIP TILE | | | | Change | Addition | CB2E034 (1 |
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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 turther 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 cath; that I am an officer or director of the corporation or the receiver of 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.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP

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