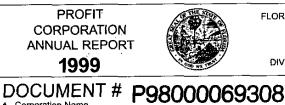
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90121 025 \*\*\*300.00

| FIRST CARE HOUSING, INC. |                 |  |
|--------------------------|-----------------|--|
|                          |                 |  |
| ncinal Place of Business | Mailing Address |  |

216 EAST CAMINO REAL 216 EAST CAMINO REAL **BOCA RATON FL 33432** BOCA RATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/10/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0860029 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible (XNo Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STERN) GAKY D. **AMERILAWYER** 82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CAMINO **CORAL GABLES FL 33134** 83 85 Zip Code 84 BOCA 33432 RATON 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 6 ADDITIONS/CHANGES TO OFFICERS AN OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE STERN, GARY D 12 NAME NAME 216 EAST CAMINO REAL 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE STD TITLE 2.2 NAME NAME DIPRIMA, ALICE 2.3 STREET ADDRESS 216 EAST CAMINO REAL STREET ADDRESS **BOCA RATON FL 33432** 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE DIPRIMA, KENNETH 3.2 NAME NAME 3.3 STREET ADDRESS 216 EAST CAMINO REAL STREET ADDRESS **BOCA RATON FL 33432** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE MARTIN, MARTHA 4.2 NAME NAME 216 EAST CAMINO REAL 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**=**:

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| D DIRECTORS IN 12 |            |               |
|-------------------|------------|---------------|
| Change            | Addition   | CR2E034 (11/9 |
| Change            | ☐ Addition | 3             |
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