


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

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90048 013 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>  |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>P98000085924</b>  |   |   |  |
| 1. Corporation Name<br><b>JULES CARE, INC.</b>  |   |   |  |
| Principal Place of Business<br>P.O. BOX 70703<br>OAKLAND PARK FL 33307  |   | Mailing Address<br>P.O. BOX 70703<br>OAKLAND PARK FL 33307  |  |
| 2. Principal Place of Business<br>21 <b>1709 NE 20 AVE</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>FT. LAUDERDALE FL</b><br>Zip<br>24 <b>33305</b> Country<br>25 <b>USA</b>   |   | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 Country<br>30   |  |
| 9. Name and Address of Current Registered Agent<br><b>RIEG, JULIE</b><br><b>45 N.E. 24TH ST</b><br><b>#2</b><br><b>WILTON MANORS FL 33305</b>   |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                 |  |
| 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<br>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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>RIEG, JULIE</b><br><b>45 N.E. 24TH ST. #2</b><br><b>WILTON MANORS FL 33305</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> DELETE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |

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: Julie Rieg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 954-561-6365

Date Daytime Phone #

CR2E034 (11/98)