

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90240 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000087876

1. Corporation Name
RESCUE CARE, INC.

Principal Place of Business 141 WATERMAN AVE MT DORA FL 32757	Mailing Address 141 WATERMAN AVE MT DORA FL 32757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1998	
21	22	26	27	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RESTER, JOHN	
STREET ADDRESS	997 WILDWOOD DRIVE	
CITY-ST-ZIP	BILOXI MS 39532	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MISTR, EDWIN P	
STREET ADDRESS	1425 WATERFORD GREEN DRIVE	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMPTON, WILLIAM E	
STREET ADDRESS	3718 C.R. 44A	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, JOSHUA T	
STREET ADDRESS	16402 E BERRY DRIVE	
CITY-ST-ZIP	AURORA CO 80015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, ROBERT T	
STREET ADDRESS	19281 E HINSDALE	
CITY-ST-ZIP	AURORA CO 80016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORAZZO, GINO	
STREET ADDRESS	5779 E GLENSTONE DRIVE	
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Grainger	
1.3 STREET ADDRESS	120 Maplewood Road	
1.4 CITY-ST-ZIP	Missauga, Ontario Canada L5G2M6	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Susan Whihaker	
2.3 STREET ADDRESS	8917 Random Rd.	
2.4 CITY-ST-ZIP	Fort Worth, TX 76179	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trace Skeen	
3.3 STREET ADDRESS	2309 NW Birkenden St.	
3.4 CITY-ST-ZIP	Portland, OR 97229	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E. Compton DATE: 4-30-99 (352) 735-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)