PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091991

1. Corporation Name

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 001 ***150.00

CAR C	ARE #1 INC.				
				L ARANGANI ANA NANALIANANA ARANGANANA	1 48 91 0 101 0 1 (2070 18710 (2001 2001 1880)
Principal Pla	ace of Business	Mailing Address		I SERVIDOR TOR FOLIA DESIL CONTRE ROTA	I MECIN ININI IININ ININ ININI EINI INNI
4400 W. COLONIAL DR. 4400 W. COLONIAL DR.					
ORLANDO FL 32808 ORLANDO FL 32808					
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
2 Principal	Place of Business	2a. Mailing Address		10/28/1998 4. FEI Number	
21	SAME AS ABOUT	26 Maining Address		59-3537683	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.				39-3001683	Not Applicable \$8.75 Additional
22 27				5. Certifcate of Status Desired	Fee Required
City & Sta	áte	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29	30	Personal Property Tax.	☐Yes ☑No
	9. Name and Address of Curre			10. Name and Address of New Regist	ered Agent
			81 Name		
	WSOM, TONY		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1824 WHITE AVE.			Oli ect Addi	cas (F.O. DOX Hulliber is Not Acceptable)	
I OR	LANDO FL 32806		83		
			84 City		85 Zip Code
1			City		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered
agent.	am familiar with, and accept the oblig	of Florida. Such change was aut ations of, Section 607.0505, Florid	nonzed by the corporational statutes.	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE				21	22/99
L	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	legistered Agent signature required	d when reinstating) DA	TE .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D TOOM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWSOM, TONY		1.2 NAME		ł
STREET ADORESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1 4 CITY-ST-ZIP		
TITLE	VP-0	☐ DELETE	2.1 T/TLE		☐ Change ☐ Addition
NAME	MARK CAMPBELL		2.2 NAME		ĺ
STREET ADDRESS			2.3 STREET ADDRESS	,	į
CITY-ST-ZIP	LONGWOOD, FL. 32750		2.4 CITY-ST-ZIP		
TITLE	SEC O	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SALLY NEWSOM 1824 white Ave		3.2 NAME		
STREET ADDRESS	1824 CM. 18 100		3.3 STREET ADDRESS		{
CITY-ST-ZIP	Orlando, FL. 32806	[] Driett	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS	8		4.3 STREET ADDRESS)
CITY-ST-ZIP	 	DELETE	4.4 CITY-ST-ZIP		D Channel D 4.4.302
TITLE		□ nere ie	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		Ţ
STREET ADDRESS	9				
CITY-ST-ZIP		☐ DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Doha Date
TITLE	1	☐ DELETE	6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS			I		1
			E S 2 CIDEET ANODECC !		
CITY ST 740	51		6.3 STREET ADDRESS		

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

407-295-3155