

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S66450	(5)
1. Corporation Name CARING COMMUNICATIONS, INC.	

Principal Place of Business 200 SW 67TH TERRACE PEMBROKE PINE FL 33023-1272	Mailing Address 200 SW 67TH TERRACE PEMBROKE PINE FL 33023-1272
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/08/1991		3a. Date of Last Report 03/17/1994	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		4. FEI Number 65-0277970		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.039, Florida Statutes ☒ Yes ☐ No			

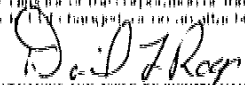
9. Name and Address of Current Registered Agent ROOP, DAVID L. 200 SW 67TH TERRACE PEMBROKE PINES FL 33023-1272				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1), 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 607.06(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME D ROOP, DAVID L.	STREET ADDRESS 200 SW 67TH TERRACE PEMBROKE PINES FL	1 NAME	☐ Change ☐ Addition
NAME D ROOP, ELIZABETH A.	STREET ADDRESS 200 SW 67TH TERRACE PEMBROKE PINES FL	1 STREET ADDRESS	
NAME	STREET ADDRESS	1 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	2 NAME	
NAME	STREET ADDRESS	2 STREET ADDRESS	
NAME	STREET ADDRESS	2 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	3 NAME	
NAME	STREET ADDRESS	3 STREET ADDRESS	
NAME	STREET ADDRESS	3 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	4 NAME	
NAME	STREET ADDRESS	4 STREET ADDRESS	
NAME	STREET ADDRESS	4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	STREET ADDRESS	5 NAME	
NAME	STREET ADDRESS	5 STREET ADDRESS	
NAME	STREET ADDRESS	5 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 191.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the resident or resident empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of the officers or directors of the corporation with an address.

SIGNATURE:  **DAVID L. Roop** 1-11-95 3059813465