FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90578 (3)

1. Corporation Name
CORPORATE CARE INTERNATIONAL, INC.

Principal Place of Business
~~ONE WEST CAMINO REAL #111~~
~~BOCA RATON FL 33432~~
900 Glades Road Ste 3B
Boca Raton, FL. 33431

Mailing Address
900 GLADES ROAD
SUITE 3B
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/29/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0290237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFERSON, JOHN W
SANCTUARY CENTRE #306B
4800 NORTH FEDERAL HWY
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Jefferson, John W
82 Street Address (P.O. Box Number is Not Acceptable): 2825 NW 70th Avenue
83
84 City: Margate FL 85 Zip Code: 33063

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

12. OFFICERS AND DIRECTORS

TITLE	~~D~~
NAME	~~NASSBERG, EDWARD~~
STREET ADDRESS	~~900 GLADES ROAD, STE 5C~~
CITY-ST-ZIP	~~BOCA RATON FL~~
TITLE	DP
NAME	KIMMEL, CEIL
STREET ADDRESS	900 GLADES ROAD, STE 5C
CITY-ST-ZIP	BOCA RATON FL
TITLE	SP
NAME	MESTER, HELENE
STREET ADDRESS	900 GLADES ROAD, STE 5C
CITY-ST-ZIP	BOCA RATON FL
TITLE	TVPS
NAME	MESTER, LAURENCE
STREET ADDRESS	900 GLADES ROAD, STE 5C
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	D	☒ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	900 Glades Road, Ste 3B	
2 4 CITY-ST-ZIP	Boca Raton, FL. 33431	
3 1 TITLE	P	☒ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS	900 Glades Road, Ste 3B	
3 4 CITY-ST-ZIP	Boca Raton, FL. 33431	
4 1 TITLE		☒ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS	900 Glades Road, Ste 3B	
4 4 CITY-ST-ZIP	Boca Raton, FL. 33431	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: Helene Mester, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helene Mester, Pres.

2/20/95 (407)347 1100
Date Daytime Phone #

0087844 CP