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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUI	MENT # \$90578	3 (3)						
	DRATE CARE INTERNATIONA	AL. INC.						
					) ( <b>8.8) (6</b> ) <b>3 (8) (6</b> ) ( <b>9.6)</b> (1.8) (1.8)		H BIBIT BUBIT TO BE	
Principal Place	of Business	Mailing Address						
900 GLADES ROAD		900 GLADES ROAD						
SUITE 3B BOCA RATON FL 33431		SUITE 3B						
US	4 1 L 30401	BOCA RATON FL 334 US	31		3. Date Incorporated or Qualified	3a. Date of Last	Report	
2. Principal Place of Business					10/29/1991	02/27/19	195	
21	ace or business	2a. Mailing Address 26			4. FEI Number 65-0290237		Applied For	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			\$0.7	Not Applicable  5 Additional		
22		27		5. Certificate of Status Desired		Bequired		
City & State		City & State			6. Election Campaign Financing	_ \$5.0	00 May Be	
23 Zip	Country	28			Trust Fund Contribution	L.I Adde	ed to Fees	
24	Country Zip Ci		Country	,	8. This corporation has liability for		s 199.032,	
	9. Name and Address of Current I	1=*1			Florida Statutes Yes  10. Name and Address of New R	□ No		
			81	Name	10.	egistorea Agent	<del></del>	
MESTER, HELENE			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
900 GLADES ROAD, THIRD FLOOR				Oliosi Adi	uress (F.O. Dox Number is Not Acceptab	ne)		
BOCA R	ATON FL 33431		83					
			84			85 Z	ip Code	
11. Pursuant to	the provisions of Sections 607 0502 a	ad 607 1509 Florida Statut	os the chair		oration submits this statement for the pur	<u> </u>		
	ed agent, or both, in the State of Florida h, and accept the obligations of, Section			oration's bo	pration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its bintment as registere	registered office d agent. I am	
SIGNATURE	n, and accept the obligations of, Section	1 607.0505, Florida Statutes	3.				-	
	Signature, typed or printed name of registered agent and	fille if applicable (NC	DTt: Registered Ager	it signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D Kimmel, Ceil	DELETE	1. 1 TITLE	1	Direction.	Change	Addition	
NAME STREET ADDRESS	900 GLADES ROAD, STE 3B		1.2 NAME		Ewis Gould	40		
CHY-ST-ZIP	BOCA RATON FL		1.3 STREET	ADDRESS A	loc Glades Red Sum			
TITLE	P DELETE		2 1 TITLE		occioe	Change	Addition	
NAME	MESTER, HELENE		2.2 NAME	, -	service malpool	- Cuantie	Addition	
STREET ADDRESS	900 GLADES ROAD, STE 3B		2.3 STREET		100 Globes Ad. Suit	e 3B		
CITY-S'-ZIP	BOCA RATON FL		24 City-S		Soca Roton FL 384	<b>4</b> 1	į	
TITLE	TVP\$	☐ DELETE	3. 1 TITLE	6	id Levy Dissolve	☐ Change	Addition	
NAME	MESTER, LAURENCE		32 NAME	0	co Gloss Rd. Suite	90		
STREET ADDRESS	900 GLADES ROAD, STE 3B BOCA RATON FL		33 STREET	712071200				
TITLE	BOOK RATON FL	DELETE	34 CITY-S	T-ZIP	Socia Paten, PL 334?			
NAME			4 1 TITLE			Change	Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET	ADDRESS				
CiTY-SI-ZiP			4.4 CITY - S					
TITLE		☐ DELETE	5. 1 TITLE	1-2"		Change	Addition	
NAMÉ			52 NAME			□ •à.	120000	
STHEE! ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	- ZiP				
TITLE		DELETE	6. 1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				į	
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP  14. I do hareby	certify that the information supplied with	this filing is voluntarily furni	6.4 CITY - ST ished and does	-ZIP I	for the exemption stated in Section 119.0	7/21/b) Flacida 54-4	lon I fi with the	
anditi that t	he information indicated on this and all	and to	.c.,oca and does	- or goonly i	on the eventhinou stated to section 118°C	n jajura, mianda Statut	.es. i rurtner	

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: HESE PESICENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (401) 347.1100