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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S90578 (3)

1. Corporation Name
CORPORATE CARE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

900 GLADES ROAD
SUITE 3B
BOCA RATON FL 33431
US

900 GLADES ROAD
SUITE 3B
BOCA RATON FL 33431-6405
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/29/1991

3a. Date of Last Report

04/30/1996

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

MESTER, HELENE
900 GLADES ROAD, THIRD FLOOR
BOCA RATON FL 33431

3B

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P ☐ DELETE
NAME MESTER, HELENE
STREET ADDRESS 900 GLADES ROAD, STE 3B
CITY-ST-ZIP BOCA RATON FL

TITLE TVPS ☐ DELETE
NAME MESTER, LAURENCE
STREET ADDRESS 900 GLADES ROAD, STE 3B
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME GOULD, LEWIS
STREET ADDRESS 900 GLADES ROAD SUITE 3B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☒ DELETE
NAME WALLACH, DENNIS
STREET ADDRESS 900 GLADES ROAD SUITE 3B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☒ DELETE
NAME LEVY, SID
STREET ADDRESS 900 GLADES ROAD SUITE 3B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE
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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Director ☐ Change ☐ Addition
3.2 NAME Ceil Kimmel
3.3 STREET ADDRESS 900 Glades Rd. Suite 3B
3.4 CITY-ST-ZIP Boca Raton, FL 33431

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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.

SIGNATURE: Helene Mester, Pres. 1/21/97 (561) 347-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)