FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S90578

(3)

CORPORATE CARE INTERNATIONAL, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-{		ATOM BIDII DII	ÉIL BABII (BB)
900 GLADES	ROAD	900 GLADES ROAD							
SUITE 3B SUITE 3B BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE			
U\$ US						3. Date Incorporated or Qualified			
						10/29/1991			
· `	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 Cuito Ant	# olo	26]				65-0290237			Vot Applicable
Suite, Apt.	₩, Đ(C.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.	Additional Required
City & State	9	City & State				6. Election Campaign Financing		\$5.0	D May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ) <u>1</u>	Country		8. This corporation owes or has paid	_		
24	25 29 30 30 9. Name and Address of Current Registered Agent		[30]	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent			□ No		
MC		t nagistered Agent		81	Name	IV. Italia bila Addiese of Italy 1109	1510100	igoni.	
MESTER, HELENE 900 GLADES RD THIRD FLOOR 3B					O	605			
	CA RATON FL 33431			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
				83					
				84	City			85 Zip	Code
44 5	10.000	0 4 COZ 41 CO - F()-4 - C+-4	ام مالا مداد			and the state of t	FL		The sections of
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corporation	oration submits this statement for the pu on's board of directors. I hereby accept	the app	ointment a	s registered
	m familiar with, and accept the obliga	illions of, Section 607.0505, F	lorida Stat	tutes					
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable (NC	OTE: Registere	d Ager	nt signature require	d when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	P NEOTEO MECEME	☐ DELETE	1.1 Ti					Change	Addition
NAME	MESTER, HELENE 900 GLADES ROAD, STE 3B			1.2 NAME					
STREET ADDRESS	BOCA RATON FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	TVPS	DELETE	2.1 1		ı - Zir			Change	Addition
NAME	MESTER, LAURENCE		2.2 NAME						
STREET ADDRESS	900 GLADES ROAD, STE 3B		2.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		2.4 C	2. 4 CITY-ST-ZIP					
TITLE	D DELETE			3.1 TITLE				Change	Addition
NAME	KIMMEL, CEIL		3.2 N						
STREET ADORESS	900 GLADES RD SUITE 3B BOCA RATON FL		3.3 STREET ADDRESS 3.4. CITY+ST-ZIP						
CITY-ST-ZIP TITLE	DOOM NATOR FE	DELETE	3.4. C 4.1 Ti		1-211			Change	☐ Addition
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-ST	r- ZIP		 		
TITLE		DELETE		5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 N/		1				•
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CI 6.1 TI	TLE	I - ZIP	 	····	Change	☐ Addition
NAME			6.2 N/					- Visinge	- Nontion
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				ITY-ST					
	certify that the information supplied wi	th this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I fu	urther ce	rtify that th	e 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.