

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90089 015 \*\*\*150.00

DOCUMENT # S90578

1. Corporation Name  
CORPORATE CARE INTERNATIONAL, INC.

Principal Place of Business  
900 GLADES ROAD  
SUITE 3B  
BOCA RATON FL 33431  
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1991

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

MESTER, HELENE  
900 GLADES RD  
BOCA RATON FL 33431

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 *Hele Mester, Pres*

DATE 4/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE TVPS ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KIMMEL, CEIL  
STREET ADDRESS 900 GLADES RD SUITE 3B  
CITY-ST-ZIP BOCA RATON FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Hele Mester* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

(561) 347-1100

Daytime Phone #

CR2F034 (4/1/98)