FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0							FILED					
COF	PROFIT RPORATION JAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Jan 27 1998 8:00am Secretary of State				
DOCU 1. Corporation	MENT # V0093	8	(3)					Scoreta	ı y ()I St	acc	
	CARE RECOVERY, INC.		• • •					f				
	•											
Principal Plac	e of Business	Maili	ng Address									
2100 W. 76T		210	0 W. 76TH STREET	r								
STE 308 HIALEAH FL 33016			STE 308 Hialeah FL 33016					DO NOT WRITE IN THIS SPACE				
US		US						 Date Incorporated or Qualified 12/18/1991 	[
2. Principal P	lace of Business	2a. M	failing Address					4. FEI Number		A	pplied For	
Suite, Apt.	#. etc.	26 S	uite, Apt. #, etc.					65-0304930			ot Applicable Additional	
22		27						5. Certificate of Status Desired	▼	T	equired	
City & Stat	e	28	ity & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	\vdash	ip		ountry			8. This corporation owes or has p		urreyît year In	tangible	
24	25 9. Name and Address of Curren	29 t Register	ed Agent	30				Personal Property Tax due Jur 10. Name and Address of New F		_	No	
	RANZ, WILLIAM P				81	Name						
	825 SW 83RD CT AMI FL 33157				82	Street A	Addres	s (P.O. Box Number is Not Accepta	able)			
					83							
					84	City			FL	85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607. of Florida.	1508, Florida State Such change was lection 607,0505	utes, the authoria	above zed by statutes	-named the corp	corpor	ration submits this statement for the n's board of directors. I hereby acc		of changing in pointment as	ts registered registered	
SIGNATURE												
12.	Signature, typed or printed name of registered age OFFICERS ANI		· · · · · · · · · · · · · · · · · · ·	DTE. Registe		nt signature	required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRECTOR	RS IN 12	
TITLE	C		☐ DELETE	1.1	TITLE	l				Change	Addition Addition	
NAME STREET ADDRESS	Cranz, William P. 15825 SW 83RD Court				2 name 3 street /	sonozee						
CITY-ST-ZIP	MIAMI FL 33157			•	CITY-ST							
TITLE	P		DELETE	2.1	TITLE					Change	Addition	
NAME CTREET ADDRESS	Garcia, natacha m 4362 SW 145 Ave				NAME							
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			1	3 STREET / 4 City - St							
TITLE	V		☐ DELETE		TITLE				··.	Change	Addition	
NAME	SUAREZ, ELIZABETH M 1750 W 46TH STREET #414			3.2 NAME								
STREET ADDRESS CITY-ST-ZIP	HIALEAH FL 33012				street / I. City-St							
TITLE			☐ DELETE		TITLE					☐ Change	☐ Addition	
NAME					2 NAME							
STREET ADDRESS CITY-ST-ZIP					I STREET # I CITY-ST							
TITLE			☐ DELETE	_	TITLE					Change	☐ Addition	
NAME					NAME							
STREET ADDRESS CITY-ST-ZIP					STREET A	ŀ						
TITLE			DELETE		TITLE	ان				Change	☐ Addition	

14. I hereby certify that the information supplied with this filling 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 trustge 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 or an attachment with an address.

SIGNATURE:

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS