

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V43748 (5)
1. Corporation Name
CARING ASSOCIATES, INCORPORATED



Principal Place of Business
2414 CORAL WAY
MIAMI FL 33145
US

Mailing Address
2414 CORAL WAY
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1992	
21. 15455 W. Dixie Hwy.	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	28. City & State	4. FEI Number 65-0339466	Applied For Not Applicable
22. City & State North Miami, FL.	23. Zip 33162	24. Country Dade	25. Zip 33162	26. Country FL	27. Certificate of Status Desired \$8.75 Additional Fee Required
28. Name and Address of Current Registered Agent CARRUTHERS, JOHN C. 2414 CORAL WAY MIAMI FL 33145				29. Name and Address of New Registered Agent Jay Rittenberg 15455 W. Dixie Hwy.	
30. City North Miami				31. Zip Code 33162	

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 _____ DATE 4/24/98
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

TITLE	VPD	1.1 TITLE	PD
NAME	CARRUTHERS, RUTH P.	1.2 NAME	Rittenberg, Jay
STREET ADDRESS	7120 MIRA FLORES AVE	1.3 STREET ADDRESS	469 Stonemont Drive
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Weston, FL 33326
TITLE	PD	2.1 TITLE	VPD
NAME	HAGUE, MARY JANE	2.2 NAME	Jeff Rittenberg
STREET ADDRESS	1635 S BAYSHORE DR	2.3 STREET ADDRESS	6242 Champlain Terrace
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Davie, FL 33331
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Carruthers, Ruth
STREET ADDRESS		4.3 STREET ADDRESS	7120 Mira Flores Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Mary Jane Hague
STREET ADDRESS		5.3 STREET ADDRESS	1635 S Bayshore DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	1.1 TITLE
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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.

SIGNATURE _____

CP2E034 (10/97)