

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752252** (7)

1. Corporation Name

AUTISTIC CARE, INC.

Principal Place of Business

**301 FIRST AVE SOUTH
LAKE WORTH FL 33480
US**

Mailing Address

**830 LAKESIDE DRIVE
C/O WALTER A. CANTOR
LAKE WORTH FL 33460**



3. Date Incorporated or Qualified 04/30/1980	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business

21 818 South Dixie Hy.

Suite, Apt. #, etc.

22

City & State

23 Lake Worth, Florida

Zip

Country

24 33460

25 US

2a. Mailing Address

26 830 South Lakeside Drive

Suite, Apt. #, etc.

27

City & State

28 Lake worth, Florida

Zip

Country

29 33460

30 US

4. FEI Number
59-2009006

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

9. Name and Address of Current Registered Agent

**CANTOR, WALTER A.
830 LAKESIDE DRIVE
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

Cantor, Walter A.

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

830 South Lakeside Drive

83

84 City

Lake Worth

FL

85 Zip Code

33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CANTOR, WALTER A.	
STREET ADDRESS	830 S. LAKESIDE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	LILLIAN CANTOR	
STREET ADDRESS	830 S LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEVERLY BLOCK	
STREET ADDRESS	14735 VALLEYHEART	
CITY-ST-ZIP	SHERMAN OAKS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Walter A. Cantor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

561-582-5739

Daytime Phone # **0076923**

CR2E037 (9/96)