FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L74110

1. Corporation Name
COMMUNITY BASED CARE, INC.

Principal Place of Business
1670 S W 35th Circle
OKEECHOBEE, FL 34974

Mailing Address
P. O. BOX 1326
OKEECHOBEE, FL
34973-1326

3. Date Incorporated or Qualified: MAY 7, 1990
3a. Date of Last Report: May 6, 1995

2. Principal Place of Business
21 1670 S.W. 35th Circle
Suite, Apt. #, etc. 22
City & State 23 OKEECHOBEE, FL
Zip 24 34974 Country 25 OKEECHOBEE

2a. Mailing Address
26 P.O. Box 1326
Suite, Apt. #, etc. 27
City & State 28 OKEECHOBEE, FL
Zip 29 34973-1326 Country 30 OKEECHOBEE

4. FEI Number: 650345359 ☐ 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
ANDREW L. FENNELLY
3701 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL. 33407

10. Name and Address of New Registered Agent
81 Name: ~~ANDREW L. FENNELLY~~
82 Street Address (P.O. Box Number Is Not Acceptable): ~~3701 NORTH FLAGLER DRIVE~~
83
84 City: ~~WEST PALM BEACH~~ FL 85 Zip Code: ~~33407~~

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D ANDREW L. FENNELLY 3701 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/P/S/D ERIC G. ZENGOTA 156 SUMMITT AVE CLIFFSIDE PARK, NJ 07010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP ANDREW L. FENNELLY 3701 NORTH FLAGLER DRIVE WEST PALM BEACH, FL. 33407	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P/S ANDREW L. FENNELLY 3701 NORTH FLAGLER DRIVE WEST PALM BEACH, FL. 33407	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D NORMAN L. BAUM 23276 COSTA DEL SOL BOCA RATON, FL 33433	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DSVP~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400001810344 -05/07/96--01017--000 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S ERIC G. ZENGOTA ~~3701 NORTH FLAGLER DRIVE~~ P.O BOX 8486 WEST PALM BEACH, 3707	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/V/T ERIC G. ZENGOTA 156 SUMMITT AVENUE CLIFFSIDE PARK, N.J. 07010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: A. L. Fennelly 4/29/96 941-763-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #