FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000093959 (2) WE CARE FOR YOU, INC.				7	
				A DOGNOCA DE PORTA GAGAI GAGAI GAGAI GAGAI GAGAI ANGO ANGO ANGO ANGO ANGO ANGO ANGO ANGO	
Principal Place of Business	Ma'ing Address				
1285 PARK LANE 1285 PARK LAN WEST PALM BEACH FL 33417 WEST PALM BE		FL 33417			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	28. Mailing Address			12/28/1994 4. FEI Number	08/11/1995 Applied For
Suite, Apt. #, etc.	26 Suite, Ant # etc.			65-0555903	Not Applicable
22	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Oity & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	[28] Zip	Country	· • • ·	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
4 25	29	30		Florida Statutes	□No
9. Name and Address of C	Current Registered Agent	81	Name	10. Name and Address of New R	Registered Agent
BURSCH, DOLORES		<u></u>		0000	
1285 PARK LANE		82 Street Ad		ress (P.O. Box Number is Not Acceptab	ile)
WEST PALM BEACH FL 33417		63			
		84	City	77.666	FL 85 Zip Code
 Pursuant to the provisions of Sections 807 or registered agent, or both, in the State of familiar with, and accept the obligations of 			amed corpor bration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	
Signature, typed or printed name of registers	ara manana ara-	ny a r			
12. OFFICEF	S AND DIRECTORS	18. Flege See 1 Agent	Signal with payable	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE PD	DELETE	1 † TITLE			Change Addition
AME BURSCH, DOLORES TREET ADDRESS 1285 PARK LANE		1.2 NAME	ADODELIC		
WEST PALM BEACH FL 33417		1.3 STREET. 1.4 CiTy - ST			
ITLE	2.1 liftE			Chauge Addition	
IAME		2.2 NAME			
STREET ADDRESS OITY - ST - ZIP		2 3 STREET /			
ITLE	DELETE			2.4 C-TY - ST 7-P Change	
NAME		3.2 NAME			Change Addition
STREET ADDRESS		ala subbet	ADDRESS		
ITY-ST-ZIP ITLE	DELETE			Choras D Address	
IAME	_ otten	4 1 Tille 4 2 NAME			Charge Addition
STREET ADDRESS		4.3 STREET A	ADIORESS		
ify-ST-ZIP		4 4 City - St	ZIP		
ITLE	☐ DELETE			***	Change Addition
IAME Treet address		5 2 NAME	A'undi ec		
ITY-ST-ZIP		5 3 STREET A 5 4 City St			
TLE	☐ DELFIE	6 1 11/LE			Change Add tron
IAME		6.2 NAME			
TREET ADDRESS		63 STREET A	ADDRESS		
OTY-ST-ZIP 4. I do hereby certify that the information supp	alled with this fano is used with feet	64 C/TY+SI	ZIP POLICIES 1	or the engineering	07001 5 11 0
14. I do hereby certify that the information sup- certify that the information indicated on this oath; that I am an officer or director of the appears in Block 12 or Block 18 if changed	s annual report or supplemental annu corporation or the receiver or trustes	uat report is true Elempowered to	and accurat	te and that my signature shall have the s s report as required by Chapter 607, F.c	same legal effect as if made under orida Statutes; and that my name
	200 JULO O PED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		7/28/96	6 (561) 6 47-9356