

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 29 PM 4:21

DOCUMENT # **N19339 (3)**  
1. Corporation Name:  
**WE CARE OF CAMELOT, INC.**

Principal Place of Business Mailing Address  
**6610 MOONLIT DRIVE DELARAY BEACH FL 33446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1987** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-2753828** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 SAME AS ABOVE 26 SAME AS ABOVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28**  
Zip Country Zip Country  
**24** **25 USA 29 30 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LESNIK, ROBERT**  
**14738 WILDFLOWER LANE**  
**DELRAY BEACH FL 33446**

10. Name and Address of New Registered Agent  
**81 Name: ROCCO ANTONACCI**  
**82 Street Address (P.O. Box Number is Not Acceptable): 14824 WILDFLOWER LANE**  
**83**  
**84 City: DELRAY BCH FL 85 Zip Code: 33446**

*RESIGNED*

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 **ROCCO ANTONACCI (PRESIDENT) Rocco Antonacci 2/10/95**  
(Signature typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<b>JACLIN CORRECTION OF NAME</b>
NAME	<b>JAKLIN, AMY</b>	
STREET ADDRESS	<b>14854 WILDFLOWER LN</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DVP</b>	<b>RESIGNED</b>
NAME	<b>GERSHENSON, MORRIS</b>	
STREET ADDRESS	<b>14948 WILDFLOWER LANE</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DS</b>	
NAME	<b>SHACK, MOLLIE</b>	
STREET ADDRESS	<b>14778 WILDFLOWER LN</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	
NAME	<b>LESNIK, PUDGE</b>	
STREET ADDRESS	<b>14738 WILDFLOWER LN</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DP</b>	<b>RESIGNED</b>
NAME	<b>LESNIK, ROBERT</b>	
STREET ADDRESS	<b>14738 WILDFLOWER LANE</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DT</b>	
NAME	<b>JACLIN, LEONARD</b>	
STREET ADDRESS	<b>14854 WILDFLOWER LANE</b>	
CITY- ST- ZIP	<b>DELRAY BEACH FL</b>	

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	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ANTHONY CAMINITI</b>
2.3 STREET ADDRESS	<b>14745 WILDFLOWER LANE</b>
2.4 CITY- ST- ZIP	<b>DELRAY BEACH FL 33446</b>
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	<b>ROCCO ANTONACCI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PRESIDENT</b>
5.3 STREET ADDRESS	<b>14824 WILDFLOWER LANE</b>
5.4 CITY- ST- ZIP	<b>DELRAY BCH FL 33446</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **ROCCO ANTONACCI** **ROCCO ANTONACCI** **2/10/95** **499-9635**  
(Signature typed or printed name of signing officer or director) (Name) (Last four digits)