

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N193339 (3)

1. Corporation Name

WE CARE OF CAMELOT, INC.

SAME AS BELOW SAME

Principal Place of Business

Mailing Address

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446-1612



2. Principal Place of Business 21 6610 Moonlit Drive Suite, Apt. #, etc. 22 GROUND LEVEL City & State 23 DELRAY BCH FL Zip 24 33446		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 33446		3. Date Incorporated or Qualified 02/19/1987		3a. Date of Last Report 01/23/1996	
Country 25 USA		Country 30 USA		4. FEI Number 59-2753828		Applied For Not Applicable	
5. Certificate of Status Desired NO		6. Election Campaign Financing Trust Fund Contribution NO		7. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONACCI, ROCCO  
14824 WILDFLOWER LANE  
DELRAY BEACH FL 33446

DECEASED

81 Name JACK BUKZIN
82 Street Address (P.O. Box Number is Not Acceptable) 14784 WILDFLOWER LN
83
84 City DELRAY BCH
85 Zip Code 33446

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 *Jack Bukzin* JACK BUKZIN 2/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME JACLIN, AMY	1.1 TITLE	1.2 NAME
STREET ADDRESS 14854 WILDFLOWER LN	CITY-ST-ZIP DELRAY BEACH FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VP	NAME CAMINITI, ANTHONY	2.1 TITLE	2.2 NAME
STREET ADDRESS 14745 WILDFLOWER LANE	CITY-ST-ZIP DELRAY BEACH FL	2.3 STREET ADDRESS 6802 MOONLIT DR.	2.4 CITY-ST-ZIP DELRAY BCH FL 33446
TITLE DS	NAME SHACK, MOLLIE	3.1 TITLE	3.2 NAME
STREET ADDRESS 14778 WILDFLOWER LN	CITY-ST-ZIP DELRAY BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME LESNIK, PUDGE	4.1 TITLE	4.2 NAME
STREET ADDRESS 14738 WILDFLOWER LN	CITY-ST-ZIP DELRAY BEACH FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE PD	NAME ANTONACCI, ROCCO	5.1 TITLE	5.2 NAME
STREET ADDRESS 14824 WILDFLOWER LANE	CITY-ST-ZIP DELRAY BEACH FL	5.3 STREET ADDRESS 14784 WILDFLOWER LN	5.4 CITY-ST-ZIP DELRAY BCH FL 33446
TITLE DT	NAME JACLIN, LEONARD	6.1 TITLE	6.2 NAME
STREET ADDRESS 14854 WILDFLOWER LANE	CITY-ST-ZIP DELRAY BEACH FL	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: *Leonard Jaclin* (LEONARD JACLIN) 1/20/97 561-499-5598

CR2E037 (9/96)