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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19339 (3)

1. Corporation Name
WE CARE OF CAMELOT, INC.
SAME AS BELOW SAME

Principal Place of Business: 6610 MOONLIT DRIVE DELARAY BEACH FL 33446
Mailing Address: 6610 MOONLIT DRIVE DELARAY BEACH FL 33446-1612



2. Principal Place of Business 21 <i>6610 Moonlit Drive</i>	2a. Mailing Address 26 <i>SAME</i>	3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 01/23/1996
22 <i>GROUND LEVEL</i>	27 <i>SAME</i>	4. FEI Number 59-2753828	Applied For Not Applicable
23 <i>DELRAY BCH FL</i>	28 <i>SAME</i>	5. Certificate of Status Desired <input type="checkbox"/> NO	\$8.75 Additional Fee Required
24 <i>33446</i>	25 <i>USA</i>	29 <i>33446</i>	30 <i>USA</i>
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* FL 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACLIN, AMY	
STREET ADDRESS	14854 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CAMINITI, ANTHONY	
STREET ADDRESS	14745 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHACK, MOLLIE	
STREET ADDRESS	14778 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESNIK, PUDGE	
STREET ADDRESS	14798 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANTONACCI, ROCCO	
STREET ADDRESS	14824 WILDFLOWER LANE <i>DECEASED</i>	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JACLIN, LEONARD	
STREET ADDRESS	14854 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

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	<i>VICE PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>DOVIS RATNER</i>
2.3 STREET ADDRESS	<i>6802 MOONLIT DR.</i>
2.4 CITY-ST-ZIP	<i>DELRAY BCH FL 33446</i>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>PRESIDENT</i> <i>JACK BUKZIN</i>
5.3 STREET ADDRESS	<i>14784 WILDFLOWER LN</i>
5.4 CITY-ST-ZIP	<i>DELRAY BCH FL 33446</i>
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: *Leonard Jaclin* (LEONARD JACLIN) 1/20/97 561-499-5598

CR2E037 (9/96)