


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19339 (3)
1. Corporation Name
WE CARE OF CAMELOT, INC.



Principal Place of Business 6610 MOONLIT DRIVE GROUND LEVEL DELRAY BEACH FL 33446 US	Mailing Address 6610 MOONLIT DRIVE DELRAY BEACH FL 33446
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3. Date Incorporated or Qualified 02/19/1987		
4. FEI Number 59-2753828	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
BUKZIN, JACK
14784 WILDFLOWER LANE
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	V <input type="checkbox"/> DELETE
NAME	RATINER, DORIS
STREET ADDRESS	6802 MOONLIT DRIVE
CITY-ST-ZIP	DELRAY BCH 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	14738 WILDFLOWER LN
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BUKZIN, JACK
STREET ADDRESS	14784 WILDFLOWER LANE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DT <input checked="" 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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRUBER, PEARL
1.3 STREET ADDRESS	14810 WILDFLOWER LANE
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 **SIGNATURE REQUIRED** Jan 21, 1998 561-499-5733

CR2E037 (10/97)