FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **654324** **(3)**

1. Corporation Name
AMERICARE CORPORATION

Principal Place of Business	Mailing Address
19321 US 19 N. SUITE 303 CLEARWATER FL 34624-3141	19321 US 19 N. SUITE 303 CLEARWATER FL 34624-3141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/31/1980**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1969072** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G.
1550 RINGLING BLVD.
SARASOTA FL 33577

10. Name and Address of New Registered Agent

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

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: William G. Lambrecht
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	CRONYN, J B	1.2 NAME		
STREET ADDRESS	21 DONCASTER AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ONTARIO	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKEOUGH, W. D	2.2 NAME		
STREET ADDRESS	30 DOVER STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHATHAM, ONTARIO	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	GIBSON, J B	3.2 NAME		
STREET ADDRESS	1010 HUNT CLUB MEWS	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ONTARIO	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHERNIAK, E.A.	4.2 NAME		
STREET ADDRESS	80 DUFFERIN	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON,ONTARIO	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE	PST	☒ Change ☐ Addition
NAME	MOSES, R. V.	5.2 NAME		
STREET ADDRESS	80 DUFFERIN	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ONTARIO	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CUDDY, A.M.	6.2 NAME		
STREET ADDRESS	CUDDY FARMS	6.3 STREET ADDRESS		
CITY-ST-ZIP	STRATHROY,ONTARIO	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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Moses.

Date: FEB 16/95
Daytime Phone #: 519-672-4131

CP

654324

BLOCK 12 (Cont'd)

TITLE	D
NAME	SHAW, NEIL M.
STREET ADDRESS	56 MACPHERSON AVENUE
CITY-ST-ZIP	TORONTO, ONTARIO M5R 1W8