

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 654324 (3)

1. Corporation Name

AMERICARE CORPORATION



Principal Place of Business

19321 US 19 N. SUITE 303
CLEARWATER FL 34624-3141

Mailing Address

19321 US 19 N. SUITE 303
CLEARWATER FL 34624-3141

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
01/31/1980

3a. Date of Last Report
04/21/1995

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.
1560 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)

200 S. Orange Ave.

83

84 City Sarasota

FL

85

Zip Code 34236

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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME CRONYN, J B
STREET ADDRESS 21 DONCASTER AVE
CITY-ST-ZIP LONDON, ONTARIO

TITLE VD ☐ DELETE

NAME MCKEOUGH, W. D
STREET ADDRESS 30 DOVER STREET
CITY-ST-ZIP CHATHAM, ONTARIO

TITLE CD ☐ DELETE

NAME GIBSON, J B
STREET ADDRESS 1010 HUNT CLUB MEWS
CITY-ST-ZIP LONDON, ONTARIO

TITLE D ☐ DELETE

NAME CHERNIAK, E.A.
STREET ADDRESS 80 DUFFERIN
CITY-ST-ZIP LONDON, ONTARIO

TITLE PST ☐ DELETE

NAME MOSES, R. V.
STREET ADDRESS 80 DUFFERIN
CITY-ST-ZIP LONDON, ONTARIO

TITLE D ☐ DELETE

NAME CUDDY, A.M.
STREET ADDRESS CUDDY FARMS
CITY-ST-ZIP STRATHROY, ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001796873
-04/26/96--01094--027
***200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.V. Moses, President

CR2E034 (12/95)