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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**18321 US 19 N. SUITE 303
CLEARWATER FL 34624-3141**

Mailing Address

**18321 US 19 N. SUITE 303
CLEARWATER FL 34624-3141**

3. Date Incorporated or Qualified
01/31/1980

3a. Date of Last Report
04/26/1996

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

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.
200 S. ORANGE AVE.
SARASOTA FL 34238**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 **CHERNAK, 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)