

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001577 (4)

1. Corporation Name

WE CARE 4 KIDS, INC.

Principal Place of Business

Mailing Address

2154 N.W. 37TH AVE.
COCONUT CREEK FL 33066

2154 N.W. 37TH AVE.
COCONUT CREEK FL 33066



2. Principal Place of Business

2a. Mailing Address

21 2497 NW 49TH TERRACE 26 2497 NW 49TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 COCONUT CREEK, FL

28 COCONUT CREEK, FL

24 Zip

Country

29 Zip

Country

33063

USA

33063

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBY, CAROL ANNE
2154 N.W. 37TH AVE.
COCONUT CREEK FL 33066

81 Name

SAME (ADDRESS CHANGE ONLY)

82 Street Address (P.O. Box Number is Not Acceptable)

2497 NW 49TH TERRACE

83

84 City COCONUT CREEK

FL

85 Zip Code

33063

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME ROBY, CAROL ANNE
STREET ADDRESS 2154 N.W. 37TH AVE.
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE
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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

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CAROL ANNE ROBY
Carol Anne Roby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96

954-969-0006

DATE

PHONE

CR2E034 (3/96)