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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90009 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006870

1. Corporation Name
W.S.T. CARE, INC.



Principal Place of Business: 3050 N. HORSESHOE DR. #260 NAPLES FL 33942
 Mailing Address: 3050 N. HORSESHOE DR. #260 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1996

4. FEI Number: 47-0628238 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 10065 Red Run Blvd, Owings Mills MD, 21117 USA

2a. Mailing Address: 10065 Red Run Blvd, Owings Mills MD, 21117 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	ELKINS, ROBERT N.	1.1 TITLE: P	Taylor Pickett
STREET ADDRESS: 3050 N. HORSESHOE DR. #260	NAPLES FL	1.2 NAME: Taylor Pickett	10065 Red Run Blvd
CITY-ST-ZIP: NAPLES FL		1.3 STREET ADDRESS: 10065 Red Run Blvd	Owings Mills, MD 21117
		1.4 CITY-ST-ZIP: Owings Mills, MD 21117	
TITLE: T	BENNETT, BRADLEY	2.1 TITLE: T	Robert Stephenson
STREET ADDRESS: 3050 N. HORSESHOE DR. #260	NAPLES FL	2.2 NAME: Robert Stephenson	10065 Red Run Blvd
CITY-ST-ZIP: NAPLES FL		2.3 STREET ADDRESS: 10065 Red Run Blvd	Owings Mills MD 21117
		2.4 CITY-ST-ZIP: Owings Mills MD 21117	
TITLE: VP	FULCHINO, MARK	3.1 TITLE: V	mark Fulchino
STREET ADDRESS: 3050 N. HORSESHOE DR. #260	NAPLES FL	3.2 NAME: mark Fulchino	10065 Red Run Blvd
CITY-ST-ZIP: NAPLES FL		3.3 STREET ADDRESS: 10065 Red Run Blvd	Owings Mills MD 21117
		3.4 CITY-ST-ZIP: Owings Mills MD 21117	
TITLE: SD	LEVIN, MARC B.	4.1 TITLE: S/D	marc B. Levin
STREET ADDRESS: 3050 N. HORSESHOE DR. #260	NAPLES FL	4.2 NAME: marc B. Levin	10065 Red Run Blvd
CITY-ST-ZIP: NAPLES FL		4.3 STREET ADDRESS: 10065 Red Run Blvd	Owings Mills, MD 21117
		4.4 CITY-ST-ZIP: Owings Mills, MD 21117	
TITLE: D	ELKINS, MARSHALL	5.1 TITLE:	
STREET ADDRESS: 10065 RED RUN BLVD	OWINGS MILLS MD 21117	5.2 NAME:	
CITY-ST-ZIP: OWINGS MILLS MD 21117		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Fulchino 4/6/99 410.998.8578

CR2E034 (11/98)