

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K09637** (5)
1. Corporation Name
W.E. CARE HEALTH PRODUCTS, INC.



Principal Place of Business % C. ROBERT WHITLATCH 4301-14 STREET N.E. ST. PETERSBURG FL 33703	Mailing Address % C. ROBERT WHITLATCH 4301-14 STREET N.E. ST. PETERSBURG FL 33703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 208 N.E. MONROE CIR. N. Suite, Apt. #, etc. 22 APT. 107 City & State 23 ST. PETERSBURG, FL Zip 24 33702		2a. Mailing Address 25 208 N.E. MONROE CIR. N. Suite, Apt. #, etc. 27 APT. 107 City & State 28 ST. PETERSBURG, FL Zip 29 33702 Country 30 PUERTO RICO		3. Date Incorporated or Qualified 12/30/1987	
		4. FEI Number 59-2927518		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WHITLATCH, C. ROBERT 4301-14TH ST. NE ST. PETERSBURG FL 34203		10. Name and Address of New Registered Agent 81 Name WHITLATCH, C. ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 208 N.E. MONROE CIR. N. 83 APT 107 84 City ST. PETERSBURG FL 85 Zip Code 33702	
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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 **C. ROBERT WHITLATCH** NO CHANGE IN AGENT - ONLY ADDRESS 3-14-98
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, C. ROBERT	1.2 NAME	
STREET ADDRESS	4301-14TH ST. NE 208 N.E. MONROE CIR. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, ROBERT G.	2.2 NAME	
STREET ADDRESS	4301-14TH ST. NE 208 N.E. MONROE CIR. N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, MILDRED A.	3.2 NAME	
STREET ADDRESS	4301-14TH ST. NE 208 N.E. MONROE CIR. N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **C. ROBERT WHITLATCH** 3-14-98

CR2E034 (10/97)