FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 29 PM 4:21

DOCUMENT # N19339 (3)

1. Corporation Name

WE CARE OF CAMELOT, INC.

Principal Place of Business	Mailing Address
6610 MOONLIT DRIVE DELARAY BEACH FL 33446	6610 MOONLIT DRIVE DELARAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2753828 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country: USA	29 Zip / 30 Country: USA

9. Name and Address of Current Registered Agent

LESNIK, ROBERT
14738 WILDFLOWER LANE
DELRAY BEACH FL 33446
RESIGNED

10. Name and Address of New Registered Agent

81 Name: ROCCO ANTONACCI
82 Street Address (P.O. Box Number is Not Acceptable): 14824 WILDFLOWER LANE
83
84 City: DELRAY BCH FL 85 Zip Code: 33446

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: ROCCO ANTONACCI (PRESIDENT) Rocco Antonacci 2/10/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAKLIN, AMY 14854 WILDFLOWER LN DELRAY BEACH FL CORRECTION OF NAME	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GERSHENSON, MORRIS 14948 WILDFLOWER LANE DELRAY BEACH FL RESIGNED	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition VICE PRESIDENT ANTHONY CAMINITI 14745 WILDFLOWER LANE DELRAY BEACH FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHACK, MOLLIE 14778 WILDFLOWER LN DELRAY BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESNIK, PUDGE 14738 WILDFLOWER LN DELRAY BEACH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP D LESNIK, ROBERT 14738 WILDFLOWER LANE DELRAY BEACH FL RESIGNED	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☑ Change ☐ Addition ROCCO ANTONACCI PRESIDENT 14824 WILDFLOWER LANE DELRAY BCH FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JACLIN, LEONARD 14854 WILDFLOWER LANE DELRAY BEACH FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Rocco Antonacci — Rocco ANTONACCI — (PRESIDENT) — 2/10/95 — 499-9635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0050503