

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N19339

(3)

1. Corporation Name

WE CARE OF CAMELOT, INC.



Principal Place of Business

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446

Mailing Address

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

3. Date Incorporated or Qualified  
02/19/1987

3a. Date of Last Report  
02/28/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONACCI, ROCCO  
14824 WILDFLOWER LANE  
DELRAY BEACH FL 33446

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

NONE

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 D ☐ DELETE

NAME JACLIN, AMY  
STREET ADDRESS 14854 WILDFLOWER LN  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME CAMINITI, ANTHONY  
STREET ADDRESS 14745 WILDFLOWER LANE  
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME SHACK, MOLLIE  
STREET ADDRESS 14778 WILDFLOWER LN  
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LESNIK, PUDGE  
STREET ADDRESS 14738 WILDFLOWER LN  
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME ANTONACCI, ROCCO  
STREET ADDRESS 14824 WILDFLOWER LANE  
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

NAME JACLIN, LEONARD  
STREET ADDRESS 14854 WILDFLOWER LANE  
CITY-ST-ZIP DELRAY BEACH FL

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 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:

LEONARD JACLIN Leonard Jaclin

Date

Daytime Phone #

4/16/96 407-499-7000

CR2E037 (12/95)