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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
SAME AS BELOW	SAME
6610 MOONLIT DRIVE DELARAY BEACH FL 33446	6610 MOONLIT DRIVE DELARAY BEACH FL 33446-1612

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business	2a. Mailing Address
21 6610 Moonlit Drive	26 SAME
22 Suite, Apt. #, etc. GROUND LEVEL	27 Suite, Apt. #, etc. SAME
23 City & State DELRAY BCH FL	28 City & State SAME
24 Zip 33446	29 Zip 33446
25 Country USA	30 Country USA

4. FEI Number: 59-2753828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ NO — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ NO — **$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 DECEASED DELRAY BEACH FL 33446	81 Name: JACK BUKZIN 82 Street Address (P.O. Box Number is Not Acceptable): 14784 WILDFLOWER LN 83 84 City: DELRAY BCH FL 85 Zip Code: 33446

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.

SIGNATURE: Jack Bukzin — JACK BUKZIN — 2/4/97
(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	1.1 TITLE		☐ Change ☐ Addition
NAME	JACLIN, AMY		1.2 NAME		
STREET ADDRESS	14854 WILDFLOWER LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	CAMINITI, ANTHONY		2.2 NAME	DORIS RATINER	
STREET ADDRESS	14745 WILDFLOWER LANE		2.3 STREET ADDRESS	6802 MOONLIT DR.	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHACK, MOLLIE		3.2 NAME		
STREET ADDRESS	14778 WILDFLOWER LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LESNIK, PUDGE		4.2 NAME		
STREET ADDRESS	14738 WILDFLOWER LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	5.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ANTONACCI, ROCCO		5.2 NAME	JACK BUKZIN	
STREET ADDRESS	14824 WILDFLOWER LANE DECEASED		5.3 STREET ADDRESS	14784 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACLIN, LEONARD		6.2 NAME		
STREET ADDRESS	14854 WILDFLOWER LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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) 1/20/97 561-499-5598