

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

395 MAY -1 PM 6 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21683** (0)
1. Corporation Name
COMMUNITY CARE, INC.

Principal Place of Business Mailing Address
321 FLORIDA AVE. **321 FLORIDA AVENUE**
FT. LAUDERDALE FL 33312 **FT. LAUDERDALE FL 33312**
US **US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/24/1987 3a. Date of Last Report 02/14/1994
4. FEI Number 65-0037181 Applied For Not Applicable
5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROT, WILLIAM
321 FLORIDA AVE.
FT. LAUDERDALE FL 33312

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE SD
NAME SMITH, JOAN
STREET ADDRESS 947 SW 16 ST
CITY - ST - ZIP FT LAUDERDALE FL
TITLE PD
NAME SCHROT, WILLIAM
STREET ADDRESS 321 FLORIDA AVE.
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE TD
NAME MAKI, WALTER B.
STREET ADDRESS 321 FLORIDA AVE.
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE VD
NAME YOUNGMAN, CHARLES T.
STREET ADDRESS 1100 S ANDREWS AVE
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE M
NAME BELL, OTTO
STREET ADDRESS 321 FLORIDA AVE.
CITY - ST - ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE SD Change Addition
1.2 NAME Ellie Pierce
1.3 STREET ADDRESS 2119 NE 17 Ave.
1.4 CITY - ST - ZIP Wilton Manors FL 33305
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 900001492219
3.4 CITY - ST - ZIP -05/17/95--01166--006
4.1 TITLE *****61.25 *****61.25 Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
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 110.07(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:

William A. Schrot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

305 554-7874
Telephone #

WILLIAM A. SCHROT