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May 30 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 # N21683 (0)

1. Corporation Name
COMMUNITY CARE, INC.



Principal Place of Business Mailing Address
321 FLORIDA AVE. FT. LAUDERDALE FL 33312 US
321 FLORIDA AVENUE FT. LAUDERDALE FL 33312-1150 US

3. Date Incorporated or Qualified 07/24/1987
3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 65-0037181
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

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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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.

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 SD DELETE
NAME PIERCE, ELLIE
STREET ADDRESS 2119 N.E. 17TH AVE.
CITY-ST-ZIP WILTON MANORS FL 33305

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME SCHROT, WILLIAM
STREET ADDRESS 321 FLORIDA AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE PD T Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME MAKI, WALTER B.
STREET ADDRESS 321 FLORIDA AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME D Lilia Durand
3.3 STREET ADDRESS 1856 SW 85 Ave.
3.4 CITY-ST-ZIP Plantation, FL 33324

TITLE VD DELETE
NAME YOUNGMAN, CHARLES T.
STREET ADDRESS 1100 S ANDREWS AVE
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE Change Addition
4.2 NAME D Carole O'Donnell
4.3 STREET ADDRESS 6420 Crossbow Ct.
4.4 CITY-ST-ZIP Davie, FL 33331

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 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: SIGNATURE REQUIRED William A Schrot William A Schrot

CR2E037 (9/96)