

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36213 (9)

1. Corporation Name

WE CARE OF LAS VERDES, INC.



Principal Place of Business

Mailing Address

15979 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

15979 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified
01/17/1990

3a. Date of Last Report
04/14/1995

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

4. FEI Number

65-0170890

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

HOROWITZ, DORIS
15979 FORSYTHIA CIRCLE
DELRAY BEACH FL 33484

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.

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 PD
NAME DUCHEK, RITA, R
STREET ADDRESS 15976 LAUREL OAK CIRCLE
CITY - ST - ZIP DELRAY BEACH FL ☒ DELETE

TITLE VD
NAME KAPLAN, MELVIN, V
STREET ADDRESS 5284 BROADFRUIT CIRCLE
CITY - ST - ZIP DELRAY BEACH FL ☒ DELETE

TITLE TD
NAME COTZIN, CHARLES, A
STREET ADDRESS 5247 COPPER LEAF CIR
CITY - ST - ZIP DELRAY BEACH FL ☒ DELETE

TITLE SD
NAME HOROWITZ, DORIS
STREET ADDRESS 15979 FORSYTHIA CIR
CITY - ST - ZIP DELRAY BEACH FL 33484 ☐ DELETE

TITLE D
NAME BROZ, HENRY
STREET ADDRESS 5250 LAS VERDES CIRCLE
CITY - ST - ZIP DELRAY BEACH FL ☒ DELETE

TITLE D
NAME MACEK, LESTER
STREET ADDRESS 15816 PHILODENDRON CIR
CITY - ST - ZIP DELRAY BEACH FL ☒ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

PD KAPLAN, MELVIN V. ☒ Change ☐ Addition
5284 BROADFRUIT CIRCLE
DELRAY BEACH, FL 33484
TD LESTER MACEK ☒ Change ☐ Addition
15816 PHILODENDRON CIRCLE
DELRAY BEACH, FL 33484
SD HOROWITZ, DORIS ☒ Change ☐ Addition
15979 FORSYTHIA CIR
DELRAY BEACH, FL 33484
VD BROZ, HENRY ☒ Change ☐ Addition
5250 LAS VERDES CIRCLE
DELRAY BEACH, FL 33484

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011016

CR2E037 (3/96)