FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:15

DOCUMENT # N38913 (2)

1. Corporation Name
LAKES OF DELRAY WE CARE,INC.

Principal Place of Business	Mailing Address
% HERBERT ADELMAN 5598 WITNEY DRIVE APT. 212 DELRAY BEACH FL 33484	% HERBERT ADELMAN 5598 WITNEY DRIVE APT. 212 DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0208939 ☐ 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
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

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

9. Name and Address of Current Registered Agent

ADELMAN, HERBERT
5598 WITNEY DR #212
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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 Herbert Adelman 1/12/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	FELD, JULIUS	1.2 NAME	
STREET ADDRESS	15500 LAKES OF DELRAY BD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, LEONARD	2.2 NAME	
STREET ADDRESS	15109 ASHLAND DR. #336	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SHNEIDER, IRVING	3.2 NAME	
STREET ADDRESS	15109 ASHLAND DR. #324	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	3.4 CITY-ST-ZIP	
TITLE	FSD	4.1 TITLE	☐ Change ☐ Addition
NAME	ADELMAN, HERBERT	4.2 NAME	
STREET ADDRESS	5598 WITNEY DR #212	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	TEGER, LEON	5.2 NAME	
STREET ADDRESS	15036 ASHLAND LANE #69	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN RHEA	6.2 NAME	
STREET ADDRESS	15036 ASHLAND DR. #41	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	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)(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: Herbert Adelman 1/12/95 (407) 495-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERBERT ADELMAN

0051664