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Jan 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38913 (2)

1. Corporation Name

LAKES OF DELRAY WE CARE, INC.

Principal Place of Business

Mailing Address

15055 ASHLAND BLVD
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484
US% HERBERT ADELMAN
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484-40073. Date Incorporated or Qualified
06/29/19903a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 15055 ASHLAND BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

DELRAY BEACH FL

City & State

23 Zip

28

Country

Zip

Country

24 33484

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADELMAN, HERBERT
5598 WITNEY DR #212
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FELD, JULIUS
STREET ADDRESS 15500 LAKES OF DELRAY BD
CITY-ST-ZIP DELRAY BCH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~SD~~
NAME ~~FEINSTEIN, LEONARD~~
STREET ADDRESS ~~15109 ASHLAND DR. #336~~
CITY-ST-ZIP ~~DELRAY BCH FL 33484~~2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME SHNEIDER, IRVING
STREET ADDRESS 15109 ASHLAND DR. #324
CITY-ST-ZIP DELRAY BCH FL 334843.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE FSD
NAME ADELMAN, HERBERT
STREET ADDRESS 5598 WITNEY DR #212
CITY-ST-ZIP DELRAY BCH FL 334844.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD
NAME TEGER, LEON
STREET ADDRESS 15036 ASHLAND LANE #69
CITY-ST-ZIP DELRAY BCH FL 334845.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE PD
NAME FINKELSTEIN RHEA
STREET ADDRESS 15036 ASHLAND DR. #41
CITY-ST-ZIP DELRAY BCH FL6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044892

CR2E037 (9/96)