


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90062 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38913

1. Corporation Name

LAKE OF DELRAY WE CARE, INC.

Principal Place of Business
**15055 ASHLAND BOULEVARD
DELRAY BEACH FL 33484
US**

Mailing Address
**% HERBERT ADELMAN
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484**

91329-90062-37



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/29/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0208939	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, JULIUS	1.2 NAME	
STREET ADDRESS	15500 LAKE OF DELRAY BD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHNEIDER, IRVING	2.2 NAME	
STREET ADDRESS	15109 ASHLAND DR. #324	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	2.4 CITY-ST-ZIP	
TITLE	FSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, HERBERT	3.2 NAME	
STREET ADDRESS	5598 WITNEY DR #212	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGER, LEON	4.2 NAME	
STREET ADDRESS	15036 ASHLAND LANE #69	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN RHEA	5.2 NAME	
STREET ADDRESS	15036 ASHLAND DR. #41	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SD PLATZNER, NORMA
STREET ADDRESS		6.3 STREET ADDRESS	15342 LAKE OF DELRAY BLVD. #82
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DELRAY BEACH FL 33484

14. I 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, with all other like empowered.

SIGNATURE:

Herbert Adelman
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT ADELMAN

1/7/99 (561) 495-9585

Date

Daytime Phone #

CR2E037 (1/98)