

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41329** (6)

1. Corporation Name
BOCA LAKES WE CARE, INC.

Principal Place of Business Mailing Address
C/O 8824 WARWICK DRIVE BOCA RATON FL 33434-4997
C/O 8824 WARWICK DRIVE BOCA RATON FL 33434-4997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1990** 3a. Date of Last Report **04/14/1994**
4. FEI Number **65-0235416** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DULANEY, ELIZABETH
8824 WARWICK DRIVE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name **Lillian Sullivan**
82 Street Address (P.O. Box Number is Not Acceptable) **8797 Warwick Drive**
83 **Boca Raton, Fl. 33433**
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 *Lillian Sullivan* **LILLIAN SULLIVAN** DATE **4/17/95**

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **DULANEY, ELIZABETH**
STREET ADDRESS **8824 WARWICK DR.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE STD
NAME **KAHN, IRENE**
STREET ADDRESS **6808 BELLA VISTA DR.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE D
NAME **WHELAN, BERDELLA**
STREET ADDRESS **8874 WARWICK DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433-4997**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME **LILLIAN SULLIVAN**
1.3 STREET ADDRESS **8797 WARWICK DR.**
1.4 CITY-ST-ZIP **BOCA RATON, FL. 33433-4997**
2.1 TITLE STD Change Addition
2.2 NAME **MIRIAM MADFIS**
2.3 STREET ADDRESS **8615 CHEVY CHASE**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33433-4997**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 checked, or on an attachment with an address.

SIGNATURE: *Lillian Sullivan* **LILLIAN SULLIVAN** DATE **4/17/95** 407-482-4799