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NONPROFIT CORPORATION **ANNUAL REPORT** 



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

1996

N41979

DOCU 1. Corporation	MENT #	N4197	79	(8)							
KINGS	S POINT TAMAF	AC WE CAF	RE, IN	C.							
Principal Place	e of Business		Ma	ailing Address					<u> </u>		
% MARION STERN 10959 CLAIRMONT CIRCLE TAMARAC FL 33321			KINGS POINT TAMARAC WECARE INC 7620 NOB HILL RD TAMARAC FL 33321								
				US				<ol> <li>Date Incorporated or Qualified 02/06/1991</li> </ol>	<b>3a</b> . Da	ote of Last 04/21/	
<b>─</b> ┐	2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>		Applied For		
	1 Same as above Suite, Apt. #, etc.		26 Same as above Suite, Apt. #, etc.				65-0245631			Not Applicable	
Sale, Apr. 4, etc.			27			5. Certificate of Status Desired			Additional Required		
City & State	е			City & State				6. Election Campaign Financing			O May Be
3			28		<del></del>			Trust Fund Contribution			d to Fees
Zip 4]	25	intry	29	Ζιρ	<u></u>	untry		8. This corporation has liability for			199.032,
<u></u>	9. Name and Ad	dress of Curren		tered Agent	30	1		Florida Statutes  10. Name and Address of New F	Yes 🔣		
					-	81	Name		- og:atoreo	ngent	
STERN.	ROSETTA					82	Stepat Addis	Same as block 9 ess (P.O. Box Number is Not Acceptate	7-5		
•	CLAIRMONT CIR					02	Street Addre	ess (P.O. Box Number is Not Acceptat	) <del>(</del> 8)		
TAMAR/	AC FL 33321					83				····	
						84	City			"lasl 7	- O+ d-
						•••	City		FL	1 '	o Code
						1 1					
11. Pursuant t	to the provisions of Se	ections 617,0502	and 617	7.1508, Florida Sta	tutes, the ab	ove-na	med corpora	ation submits this statement for the pur	rpose of cha	anging its r	egistered offic
11. Pursuant t or register familiar wit	to the provisions of Se red agent, or both, in ith, and accept the ob	ections 617,0502 the State of Florid ligations of, Secti	and 617 da. Such	7.1508, Florida Sta change was autho 0503, Florida Statu	tutes, the aborized by the tes.	ove-na corpor	med corpora ration's board	ation submits this statement for the puri d of directors. I hereby accept the app	rpose of cha ointment as	anging its r registered	egistered offic agent. I am
SIGNATURE _					tutes, the ab orized by the tes.	ove-na corpor	med corpora ration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of cha ointment as	anging its r registered	egistered offic agent. I am
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SIGNATURE _	Signature, typed or printed na		and title if a	policable TORS	(NOTE: Registere	d Agent s			DATE	DIRECTO	PRS IN 12
SIGNATURE _ 12.	Signature, typed or printed no	one of registered agent	and title if a	policable	(NOTE: Registere 13.	d Agent s		when reinstaling) ADDITIONS/CHANGES TO OFF	DATE		
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SIGNATURE: NO SETTA STERN 0/88/96. 726-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR