


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42078 (8)</b> 1. Corporation Name <b>WEE CARE, WILDLIFE REHABILITATION CENTER, INC.</b>					
Principal Place of Business			Mailing Address		
15390 SW 269 TERR HOMESTEAD FL 33032 US			15390 SW 269 TERR HOMESTEAD FL 33032-7232 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/14/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		01/29/1996	
City & State		City & State		4. FEI Number	
23		28		65-0251360	
Zip		Zip		Applied For	
24		29		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25		30		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
KNOX, PAT 15390 SW 269 TERR HOMESTEAD FL 33032		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	KNOX, PAT				
STREET ADDRESS	15390 SW 269 TERR				
CITY-ST-ZIP	HOMESTEAD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KNOX, THOMAS				
STREET ADDRESS	15390 SW 269 TERR				
CITY-ST-ZIP	HOMESTEAD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ESCOBAR, YLEANA				
STREET ADDRESS	9778 SW 147 PL				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PEREZ, ALLISON				
STREET ADDRESS	3772 SW 27 LANE				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS		15390 SW 269 Terr			
4.4 CITY-ST-ZIP		Homestead FL 33032			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Pat Knox</u> 1-7-97 (315) 248-0947					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)