


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44921 (7) 1. Corporation Name TOGETHER WE CARE, INC.					
Principal Place of Business P.O. BOX 32252 PALM BEACH GARDENS FL 33420			Mailing Address P.O. BOX 32252 PALM BEACH GARDENS FL 33420		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0284820	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARMOUR, ALAN I. II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
				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	P	<input type="checkbox"/> DELETE			
NAME	SOLODAR, JACQUI				
STREET ADDRESS	3079 MIRO DR. S.				
CITY-ST-ZIP	PALM BCH GDNS FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SOLODAR, SHELDON				
STREET ADDRESS	3079 MIRO DR. S.				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	RAWLINS, CAROLYN				
STREET ADDRESS	3844 BUTTERCUP CIR.				
CITY-ST-ZIP	PALM BEACH GARDENS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KUDMAN, HARRY				
STREET ADDRESS	13709 RIVOLI DR.				
CITY-ST-ZIP	PALM BCH GDNS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEBED, HARTZEL				
STREET ADDRESS	13323 DEAVRILLS DR.				
CITY-ST-ZIP	PALM BCH GDNS FL				
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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 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 in an attachment with an address.

SIGNATURE:  REQUIRED



CR2E037 (10/97)