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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N49605 (1)

1. Corporation Name

WE CARE OF COVERED BRIDGE, INC.

Principal Place of Business

Mailing Address

7290 COVERED BRIDGE BLVD.
LAKE WORTH FL 33467

7290 COVERED BRIDGE BLVD.
LAKE WORTH FL 33467-2783



3. Date Incorporated or Qualified
06/24/1992

3a. Date of Last Report
03/13/1996

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

4. FEI Number
65-0351062

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, THELMA
7290 COVERED BRIDGE BLVD.
LAKE WORTH FL 33467

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
NAME COHEN, THELMA
STREET ADDRESS 508-B HOLYOKE LANE
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE D
1.2 NAME COHEN HERBERT E
1.3 STREET ADDRESS 508 B HOLYOKE LANE
1.4 CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME GLANT, HERMAN
STREET ADDRESS 699-A MARLBORO OVAL
CITY-ST-ZIP LAKE WORTH FL 33467

2.1 TITLE D
2.2 NAME SIDNEY LEVIN
2.3 STREET ADDRESS 170 AMHERST LANE
2.4 CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME GROSSBERG, ANNE
STREET ADDRESS 167 AMHERST LANE
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME KAY, ANITA
STREET ADDRESS 174 CAPE COD CIRCLE
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PARIS, GRACE
STREET ADDRESS 484-A HOLYOKE LN
CITY-ST-ZIP LAKE WORTH FL 33467

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DP
NAME LEVINE, ABRAHAM
STREET ADDRESS 498-B HOLYOKE LANE
CITY-ST-ZIP LAKE WORTH FL

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abraham Levine 1/30/97

CR2E037 (9/96)