

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:17

DOCUMENT # N93000001722 (8)

1. Corporation Name
POINCIANA WE CARE, INC.

Principal Place of Business	Mailing Address
%SIDNEY MARGOLIN 3524 POINCIANA DR., APT. 505 LAKE WORTH FL 33467	%SIDNEY MARGOLIN 3524 POINCIANA DR., APT. 505 LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 02/23/1994
4. FEI Number 65-0407220	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

MARGOLIN, SIDNEY
3524 POINCIANA DR.
APT. 505
LAKE WORTH FL 33467

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARGOLIN, SIDNEY
STREET ADDRESS	3524 POINCIANA DR., APT. 505
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	TD
NAME	PINSKEY, FANYE
STREET ADDRESS	3524 POINCIANA DR., APT. 605
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	SD
NAME	FISHER, NORMA D
STREET ADDRESS	3590 POINCIANA DR., APT. 602
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	D
NAME	LUBER, SYLVIA
STREET ADDRESS	3524 POINCIANA DR., APT. 102
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	D
NAME	SCHWARTZ, RICHARD
STREET ADDRESS	%3524 POINCIANA DR., APT. 505
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	D
NAME	ROSENBERG, JOAN
STREET ADDRESS	3810 POINCIANA DR., APT. 408
CITY - ST - ZIP	LAKE WORTH FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney Margolin* **SIDNEY MARGOLIN** **01-13-95** **407-641-2749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #