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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001722

1. Corporation Name
POINCIANA WE CARE, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 c/o Sylvia Luber		26 c/o Sylvia Luber		04/16/1993	
22 Suite, Apt. #, etc. 3524 Poinciana Dr. #102		27 Suite, Apt. #, etc. 3524 Poinciana Dr. #102		4. FEI Number 65-0407220	
23 City & State Lake Worth, Fl		28 City & State Lake Worth, Fl		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33467		29 Zip 33467		30 Country	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARGOLIN, SIDNEY 3524 POINCIANA DR. APT. 505 LAKE WORTH FL 33467				81 Name Jules Shapiro			
				82 Street Address (P.O. Box Number is Not Acceptable) 3755 Poinciana Dr.			
				83 Apt. 204			
				84 City Lake Worth FL 85 Zip Code 33467			

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: *Jules Shapiro* (NOTE: Registered Agent signature required when reinstating) DATE: 1/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DELETED <input checked="" type="checkbox"/>	1.1 TITLE: President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARGOLIN, SIDNEY		1.2 NAME: Jules Shapiro	
STREET ADDRESS: 3524 POINCIANA DR., APT. 505		1.3 STREET ADDRESS: 3755 Poinciana Dr. Apt. 204	
CITY-ST-ZIP: LAKE WORTH FL 33467		1.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: TD	DELETED <input type="checkbox"/>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PINSKEY, FANYE		2.2 NAME:	
STREET ADDRESS: 3524 POINCIANA DR., APT. 605		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL 33467		2.4 CITY-ST-ZIP:	
TITLE: SD	DELETED <input checked="" type="checkbox"/>	3.1 TITLE: Secy - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FISHER, NORMA D		3.2 NAME: Ruth Shapiro	
STREET ADDRESS: 3590 POINCIANA DR., APT. 602		3.3 STREET ADDRESS: 3755 Poinciana Dr. Apt. 204	
CITY-ST-ZIP: LAKE WORTH FL 33467		3.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: D	DELETED <input type="checkbox"/>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUBER, SYLVIA		4.2 NAME:	
STREET ADDRESS: 3524 POINCIANA DR., APT. 102		4.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL 33467		4.4 CITY-ST-ZIP:	
TITLE: D	DELETED <input checked="" type="checkbox"/>	5.1 TITLE: Vice Pres.-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHWARTZ, RICHARD		5.2 NAME: Doris Perlman	
STREET ADDRESS: %3524 POINCIANA DR., APT. 505		5.3 STREET ADDRESS: 6995 Clover St	
CITY-ST-ZIP: LAKE WORTH FL 33467		5.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: D	DELETED <input type="checkbox"/>	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSENBERG, JOAN		6.2 NAME:	
STREET ADDRESS: 3810 POINCIANA DR., APT. 408		6.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jules Shapiro* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/16/99 DAYTIME PHONE #: 561-641-6898

CR2E037 (11/98)