

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000045050 (0)**

1. Corporation Name

**ST. ANTHONY'S COUNTRY CARE, INC.**



Principal Place of Business: **1104 E RD LOXAHATCHEE FL 33470 US**  
Mailing Address: **1401 S. OLIVE AVE. WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **06/21/1993** 3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0420981** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24, 25, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SOLTAU, JOANN K  
1401 S OLIVE AVE  
SUITE 204  
WEST PALM BEACH FL 33401**

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

Signature of the principal place of business agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

Date

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSEN, TERESA K</b>	
STREET ADDRESS	<b>1401 S OLIVE AVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSEN, TERESA K</b>	
STREET ADDRESS	<b>1401 S. OLIVE AVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLTAU, JOANN K</b>	
STREET ADDRESS	<b>206 PALM BEACH LAKES BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLTAU, JOANN K</b>	
STREET ADDRESS	<b>206 PALM BEACH LAKES BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

561-832-0668

Date

Office Phone #

CR2E034 (3/96)