

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000080391 (3)**

1. Corporation Name

"WE CARE" TRANSPORT, INC.

Principal Place of Business

2029 RACIMO DRIVE
SARASOTA FL 34240

Mailing Address

2029 RACIMO DRIVE
SARASOTA FL 34240

2. Principal Place of Business

21 **6100-D PALMER BLVD**
Suite, Apt. #, etc.

2a. Mailing Address

26 **6100-D PALMER BLVD**
Suite, Apt. #, etc.

22

City & State

23 **SARASOTA, FL**

Zip

24 **34232**

Country

25 **SARASOTA**

27

City & State

28 **SARASOTA, FL**

Zip

29 **34232**

Country

30 **SARASOTA**

9. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES
2029 RACIMO DRIVE
SARASOTA FL 34240**

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, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAMS, CHARLES	1.2 NAME	
STREET ADDRESS	2029 RACIMO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAMS, ARDELL	2.2 NAME	
STREET ADDRESS	2029 RACIMO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SOLTIS, LINDA	3.2 NAME	
STREET ADDRESS	8819 MISTY CREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Williams*

Apr 29 1998

CR2E034 (1097)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

65-0549913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

CR2E034 (1097)