

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000061874 (9)

1. Corporation Name

WE CARE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

7787 VILLA NOVA DRIVE
BOCA RATON 33 33433

7787 VILLA NOVA DRIVE
BOCA RATON 33 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

65-0686314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 5180 W. Atlantic Avenue

26 5180 W. Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 120

27 Suite 120

City & State

City & State

23 Delray Beach, FL

28 Delray Beach, FL

Zip

Country

Zip

Country

24 33484

25

29 33484

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYCE, DENNIS M
105 S NARCISSUS AVE STE 702
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, 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 NEWMAN, NINA S
STREET ADDRESS 7787 VILLA NOVA DR
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE D
NAME KRAUSE, STUART
STREET ADDRESS 5771 FAIRWAY PARK CT UNIT 202
CITY-ST-ZIP BOYNTON BEACH FL 33437

☒ DELETE

2.1 TITLE S/T
2.2 NAME Krause, Julie G.
2.3 STREET ADDRESS 36 Chaple Road
2.4 CITY-ST-ZIP Kenmore, NY 14217

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE V
3.2 NAME Katz, Harold
3.3 STREET ADDRESS 65 Farrand Drive
3.4 CITY-ST-ZIP Parisippny, NJ 07054

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Nina S. Newman

Nina S. Newman

4-12-98

(561) 638-1062

CR2E034 (10/97)