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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000093495 (5)

LEISURE CARE, INC.

445 4000044540 00005
145 ARROWHEAD CIRCLE JUPITER FL 33458

Mailing Address

145 ARROWHEAD CIRCLE JUPITER FL 33458-7308

## FILED Feb 14 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

Per   City & State	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees or s. 199.032,
Suite, Apt. #. ntr.   Suite, Apt. #, etc.   27   5. Certificate of Status Desired   \$8.7'   Fee City & State	5 Additional Required 00 May Be ed to Fees
27   City & State	Required  O May Be ed to Fees
City & State  Ci	00 May Be ed to Fees
28   Trust Fund Contribution   Addition	ed to Fees
Zip   Country   Zip   Country   Zip   Country   B. This corporation has fiability for intangible tax under Florida Statutes   Zip   Yes   No	
24 25 29 30 Florida Statutes Florida Statutes  SCARPA, ANITA  145 ARROWHEAD CIRCLE  JUPITER FL 33458  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Z  STREET ADDRESS  SIGNATURE  10. Name and Address of New Registered Agent  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 changin 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY - ST - ZIP  DELETE  11. TITLE  CHANGE  SIREET ADDRESS  DIV. SI- ZIP  DELETE  21 Name  22 Name  23 STREET ADDRESS  DIV. SI- ZIP  24 CITY - ST - ZIP	er s. 199.032,
SCARPA, ANITA 145 ARROWHEAD CIRCLE JUPITER FL 33458  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Represent to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 THE SCARPA, ANITA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.5 ARROWHEAD CIRCLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  NAME SIREH ADDRESS CITY-ST-ZIP  DELETE 2.2 NAME SIREH ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 ACCEPT-ST-ZIP 3. STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S	
SCARPA, ANITA 145 ARROWHEAD CIRCLE JUPITER FL 33458  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Z  11. Pursuant to the provisoris of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. OFFICE IS AND DIRECTORS  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ANITY ST. ZIP  15. THE ARROWHEAD CIRCLE  25. THE ADDRESS  14. CITY ST. ZIP  16. Change Street Address (P.O. Box Number is Not Acceptable)  16. Change Street Address (P.O. Box Number is Not Acceptable)  17. City St. ZiP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Change St. The Arrowhead Circle	
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 changin 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 and the maintain with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OF FICE HIS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTILE  NAME SHREET ADDRESS CHY-ST-2P  INTE NAME SHREET ADDRESS CHY-ST-2P  INTE STREET ADDRESS CHY-ST-2P  2 AGITY-ST-2P  2 AGITY-ST-2P  2 4 CITY-ST-2P	
JUPITER FL 33458  83  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 changin 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typic or printed inequal registered agent and title if applicable (NOTE Registered Agent signature required when reliefating)  DATE  12. OF FICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTITE  NAME  SCARPA, ANITA  12 NAME  SIBLET ADDRESS  CITY-ST-ZIP  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TIRE  Charg  NAME  SIREFI ADDRESS  CITY-ST-ZIP  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP	1
83   84   City   FL   85   Z	1
The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 argument familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for produce type for produced neuron of registered agent and the if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IIILE  NAME  SIRBET ADDRESS  C-TY-ST ZIP  JUPITER FL 33458  14 CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  C-TY-ST ZIP  JUPITER FL 33458  1.4 CITY-ST-ZIP  Change  Chang	
The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 argument familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for produce type for produced neuron of registered agent and the if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IIILE  NAME  SIRBET ADDRESS  C-TY-ST ZIP  JUPITER FL 33458  14 CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  C-TY-ST ZIP  JUPITER FL 33458  1.4 CITY-ST-ZIP  Change  Chang	
office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Description	ip Code
12. OF FICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE NAME STREET ADDRESS C-TY-ST-7P TITLE T-TY-ST-7P TI	g its registered as registered
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           DILLE INTERPRETATION OF	i
DELETE	000 11 40
SCARPA, ANITA	······································
STREET ADDRESS   145 ARROWHEAD CIRCLE	le [7] Yaqqiqqii [6
C-1Y-S1-7P	[ ]
TITLE	[ [
NAME         2.2 NAME           STREFLADDRESS         2.3 STREET ADDRESS           CITY: ST- ZIP         2.4 CITY- ST- ZIP	ge 🔲 Addition
STREFT ADDRESS         2.3 STREET ADDRESS           C11Y - S1 - ZIP         2.4 CITY - S1 - ZIP	
C(1Y - S1 - Z)P 2 4 C(TY - S1 - Z)P	
TITLE DELETE 31 TITLE Chang	ge Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
C-TY-ST-ZIP 34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Chang	ge L Addition
NAME 4.2 NAME	•
STREET ADDRESS 4.3 STREET ADDRESS	
CTY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Chang	ge 🔲 Addition
NAME 5.2 NAME	/ \ \\H
STREET ADDRESS 5.3 STREET ADDRESS	זיוני נ
CTY-ST-ZP 5.4 CHY-ST-ZIP	01
TILLE DELETE 6.1 TITLE 300020887355 and 62 NAME -02/17/9701022027	ge
STREET ADDRESS ***165.00	I I
City S1-7IP 6.4 City-S1-7IP 6.4 City-S1-7IP 6.4 City-S1-7IP 14. Lido hereby certify that the information supplied with this blind does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes. I further certify the	

to here's certify that the initiation sopied with his litting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 Lightanged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

561 744 0183