

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V39121
1. Corporation Name

XL-CARE AGENCY, INC. OF WINTER PARK

Principal Place of Business: 2221 Lee Road, Suite 15, Winter Park, FL 32789
Mailing Address: 701 Brickell Ave., Suite 300, Miami, FL 33131

3. Date Incorporated or Qualified: 05/27/1992
3a. Date of Last Report: 12/04/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 701 Brickell Ave.	26	59-3125915	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 3000	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Miami, FL	28	<input type="checkbox"/>	
Zip	Country	29 Zip	Country
24 33131	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

INTRASTATE REGISTERED AGENT CORPORATION
701 Brickell Ave.
Suite 3000
Miami, FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danler, Kathleen	1 2 NAME	
STREET ADDRESS	7 Stepping Stone Crescent	1 3 STREET ADDRESS	
CITY - ST - ZIP	Dix Hills, NY	1 4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danler, William	2 2 NAME	
STREET ADDRESS	1060 NW 95th Ave.	2 3 STREET ADDRESS	
CITY - ST - ZIP	Plantation, FL	2 4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Dennis	3 2 NAME	
STREET ADDRESS	9262 Wickham Way	3 3 STREET ADDRESS	
CITY - ST - ZIP	Orlando, FL 32836	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	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

Daytime Phone #

CORP 24 (12/95)

QAD
5/1/96