

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730506 (3)

1. Corporation Name  
**AGORAPHOBIA, ANOREXIA, & BULIMIA RESOURCE CENTER, INC.**



Principal Place of Business Mailing Address  
255 ALHAMBRA CIRCLE, S. #321 255 ALHAMBRA CIRCLE, S. #321  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

3. Date Incorporated or Qualified 08/22/1974 3a. Date of Last Report 04/28/1995

2. Principal Place of Business 2a. Mailing Address  
21 111 Majorca Ave. 26 111 Majorca Ave.

4. FEI Number 59-2157553 Applied For Not Applicable

22 Suite B 27 Suite B

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Coral Gables, FL 28 Coral Gables, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33134 25 DADE 29 33134 30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BARON, RICHARD, ESQ.  
11077 BISCAYNE BLVD.  
MIAMI FL 33161

10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent 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	LEVINE, PAULA	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JACK B	2.2 NAME	
STREET ADDRESS	600 GRAPETREE DR APT 6CS	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, RICHARD	3.2 NAME	
STREET ADDRESS	11077 BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 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: Paula Levine PAULA LEVINE Date: April 23/96 448-8326 Daytime Phone #

CR2E037 (12/95)