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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J32584 (1)

1. Corporation Name

THE RESIDENTIAL TREATMENT CENTER OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

1720 FOURTH AVE., NORTH
LAKE WORTH FL 33460

2700 COLORADO AVE.
SANTA MONICA CA 90404

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/10/1986 | 3a. Date of Last Report 04/27/1995 |
| 4. FEI Number 94-3018124 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 30. Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, if applicable,

NOTE: Registered Agent Signatures Required when re-registering

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOCHT, MICHAEL H SR | 1.2 NAME | |
| STREET ADDRESS | 2700 COLORADO AVE | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 1.4 CITY-STATE-ZIP | |
| TITLE | EVP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | 400001207964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LICO, VINCENT J | 2.2 NAME | -02/06/96--81189--025 |
| STREET ADDRESS | 2700 COLORADO AVE | 2.3 STREET ADDRESS | ****200.00 ****200.00 |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 2.4 CITY-STATE-ZIP | |
| TITLE | CFO <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHIASSEN, RAYMOND L | 3.2 NAME | |
| STREET ADDRESS | 2700 COLORADO AVE | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 3.4 CITY-STATE-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROWN, SCOTT M | 4.2 NAME | |
| STREET ADDRESS | 2700 COLORADO AVE. | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 4.4 CITY-STATE-ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 5.1 TITLE | Senior Vice President and Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSONS, MARIS | 5.2 NAME | |
| STREET ADDRESS | 2700 COLORADO AVE | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 5.4 CITY-STATE-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 6.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SILVER, RICHARD B | 6.2 NAME | |
| STREET ADDRESS | 2700 COLORADO AVE | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | SANTA MONICA CA 90404 | 6.4 CITY-STATE-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; 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:

Scott M Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

(310)998-8427

Daytime Phone #

CR2E034 (12/95)

fw