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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J32584 (1)
1. Corporation Name
THE RESIDENTIAL TREATMENT CENTER OF THE PALM BEACHES, INC.



Principal Place of Business
**1720 FOURTH AVE., NORTH
LAKE WORTH FL 33460**

Mailing Address
**2700 COLORADO AVE.
SANTA MONICA CA 90404-3521**

3. Date Incorporated or Qualified
09/10/1986

3a. Date of Last Report
01/29/1996

4. FEI Number
94-3018124

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

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

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

2. Principal Place of Business
21 **3820 State Street**

22 Suite, Apt. #, etc.

23 City & State
Santa Barbara, CA

24 Zip **93105** 25 Country **USA**

2a. Mailing Address
26 **c/o Mary H. Yumibe**

27 Suite, Apt. #, etc.
3820 State St.

28 City & State
Santa Barbara, CA

29 Zip **93105** 30 Country **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **100002068131--7**
84 City **-01/24/97--01086--023
****165.00**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	FOCHT, MICHAEL H SR 2700 COLORADO AVE SANTA MONICA CA 90404	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Timothy L. Pullen 14001 Dallas Parkway Dallas, TX 75240
TITLE EVP	LICO, VINCENT J 2700 COLORADO AVE SANTA MONICA CA 90404	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/T Terence P. McMullen 3820 State Street Santa Barbara, CA 93105
TITLE CFO	MATHIASSEN, RAYMOND L 2700 COLORADO AVE SANTA MONICA CA 90404	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AS Alan Lundgren 3820 State Street Santa Barbara, CA 93105
TITLE SVP	BROWN, SCOTT M 2700 COLORADO AVE. SANTA MONICA CA 90404	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D 3820 State Street Santa Barbara, CA 93105
TITLE SVAS	ANDERSONS, MARIS 2700 COLORADO AVE SANTA MONICA CA 90404	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	10000206810861023 7 ****165.00 ****165.00
TITLE VP	SILVER, RICHARD B 2700 COLORADO AVE SANTA MONICA CA 90404	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/S 3820 State Street Santa Barbara, CA 93105

14. I do 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: Alan Lundgren **Alan Lundgren, Asst. Sec'y** 1/24/97 805/563-7075

CR2E034 (9/96)