


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42888 (0)**  
1. Corporation Name  
**COCAINE REHABILITATION FOR INFANTS AND BABIES FOUNDATION, INC.**



Principal Place of Business <b>580 W. EIGHTH STREET JACKSONVILLE FL 32209</b>	Mailing Address <b>580 W. EIGHTH STREET JACKSONVILLE FL 32209-6533</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified <b>04/09/1991</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-3132731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**EDWARDS, DREW  
580 W. 8TH STREET  
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name <b>Marcus E. Drewa</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>580 W. Eighth Street</b>
83 <b>Jacksonville</b>
84 City <b>Jacksonville</b> <b>FL</b> 85 Zip Code <b>32209</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EDWARDS, DREW W.</b>		1.2 NAME	
STREET ADDRESS <b>580 W. 8TH STREET S-510</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VC</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALLIS, RICHARD</b>		2.2 NAME	
STREET ADDRESS <b>7500 SOUTHSIDE BLVD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DREWA, MARCUS E.</b>		3.2 NAME	
STREET ADDRESS <b>580 W. 8TH STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAUNEY, ANN</b>		4.2 NAME	
STREET ADDRESS <b>8025 BAYMEADOWS CIRCLE, E., #703</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAUNEY, STEVEN</b>		5.2 NAME	
STREET ADDRESS <b>8025 BAYMEADOWS CIRCLE E</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PLUMMER-BELTRAME, RENEE</b>		6.2 NAME	
STREET ADDRESS <b>6484 FT CAROLINE RD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)