

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT 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 # P94000046984 (8)**  
 1. Corporation Name  
**CENTER FOR PERSONAL GROWTH OF SOUTHERN FLORIDA, INC.**



Principal Place of Business <b>401 JOHNSON LANE SUITE 103 VENICE FL 34292</b>	Mailing Address <b>401 JOHNSON LANE SUITE 103 VENICE FL 34292-1200</b>
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3. Date Incorporated or Qualified <b>06/23/1994</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21 <b>106 LIVE OAK ST.</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>106 LIVE OAK ST.</b> Suite, Apt #, etc.
22 City & State 23 <b>VENICE, FL.</b>	27 City & State 28 <b>VENICE, FL.</b>
24 Zip <b>34292</b> 25 Country <b>U.S.A.</b>	29 Zip <b>34292</b> 30 Country <b>U.S.A.</b>

4. FEI Number <b>65-0505069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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  
**BAUM, JOEL  
401 JOHNSON LANE  
SUITE 103  
VENICE FL 34292**

10. Name and Address of New Registered Agent  
 81 Name **JOEL BAUM**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1515 UNIVERSITY BLVD**  
 83 **SUITE 209**  
 84 City **CORAL SPRINGS** FL 85 Zip Code **33071**

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: *Joel Baum* DATE: **4/12/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PSD</b>	
NAME	<b>STEINER, JUDITH</b>	
STREET ADDRESS	<b>1600 MARIA ST.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith Steiner* **JUDITH STEINER** DATE: **4/12/97** 941-485-8896  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)