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

PROFIT CORPORATION ANNUAL REPORT 1998

#2142

BONITA SPRINGS FL 33923



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088782 (5)

INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAP ISTS, INC.

ISTS, INC	J.						
Principal Place of Business		Mailing Address					
10915 BONITA E #2142 BONITA SPRING		10915 Bonita Beach Rd. S.E. #2142 Bonita Springs Fl 33923		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				12/07/1994			
2. Principal Place of Business		2a. Mailing Ad	dress	4. FEI Number Applied F			
21		26		65-0559423 Not Applie			
Suite, Apt. #, etc.		Suite, Apt.	#, etc.	5. Certificate of Status Desired \$8.75 Addition Fee Required			
City & State		City & State	Э	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes \square No			
	Name and Address of Cu	ırrent Registered Agen		10. Name and Address of New Registered Agent			
1	le, jill r 5 Bonita Beach Rd. S.E		81 Name	ddress (P.O. Box Number is Not Acceptable)			

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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required whon reinstation).										
12. OFFICERS AND DIRECTORS			egistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	DELETE	1,1 TITLE	1	Change	Addition				
NAME	LAVELLE, JILL R		1.2 NAME							
STREET ADDRESS	10915 BONITA BEACH RD. S.E., #2142		1.3 STREET ADDRESS							
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP							
TITLE		DELETE	2.1 TITLE		Change	Addition				
NAME			2.2 NAME		_ •	_				
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE		Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE	* ****	Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY - ST - ZIP	0. 10.94		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME			1				
STREET ADDRESS			5.3 STREET ADDRESS			1				
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

14. I 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:

1/23/98

9414989710

FILED

Jan 29 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

Zip Code