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

**PROFIT CORPORATION** ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P95000047702 (2)

PLORIDA SENTENCING ALTERNATIVES RESEARCH GROUP, L. Hearth

**FILED** Mar 02 1998 8:00am Secretary of State



	Comprehensive	EGATION ONE	Mew						
Principal Place of Business Mailing Address				12-11-9			in noni doni Giaic is	ADEL HOREL C	MIN HALLAN
803 N.W. 2ND AVE. POMPANO BEACH FL 33060 POMPANO BEACH			(- (			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
				· · · · · · · · · · · · · · · · · · ·		06/19/1995			
_	Place of Business	2a. Mailing Address			4	4. FEI Number		<del></del>	oplied For
21 Cuite Aust	#	26				59-3325508			ot Applicable
Suite, Apt.	·₩, ΘCC.	Suite, Apt #, etc.			5	6. Certificate of Status Desired	□ <b>\$</b>	6.75 A Fee Re	Additional equired
City & Sta	le	City & State			-	8. Election Campaign Financing		\$5.00	May Be
23		28		<del></del>		Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry	ε	8. This corporation owes or has	· — —		
24	25 Name and Address of Curre	29	30			Personal Property Tax due Jui  Name and Address of New I			No
	<del></del>	iit negistereti Agent		81 Name	10	J. Name and Address of New I	redistered when	Щ	
	DANNER, WILBERT C			J Name					
<del>2555 N.E. 11TH AV</del> E.				82 Suce	Address (	(P.R. Box Number is Not Accept	able)		
Ĵ.	T. LAUDERDALE FL 23304		•	83					
				84 City C	real	Sperial	FL 8	ZIP	Gode 1
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	utes, the ab	pove-named	corporati	ion submits this statement for the	purpose of cha	nging it	s registered
office or i	registered agent, or both, in the state im familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corp	oration's	board of directors. I hereby acc	ept the appointr	nent as	registered
	the shallst with sugar scool the pair	Jations of, Section 607.0505, F	-torida Stati	лes.			2/23	DA.	
SIGNATURE	Signature, typed or printed name of registered in	and and title it appropriate (NC	OTE Registered	Agent signature	required who	er, reinstating)	DATE	1-0	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTOR	IS IN 12
TITLE	P	DELETE	1.1 787	LE.		<u> </u>		Change	Addition
NAME	DANNER, WILBERT C		1.2 NA	ME					
STREET ADDRESS	-2555 NE 11TH AVE, #909		1.3 ST	REET ADDRESS	1841	al sporge, Fla			
CITY - ST- ZIP	FT. LAUDERDALE FL 3330	4	1.4 CIT	Y-ST-ZIP	COR	al sparrel, the	33076		
TITLE		☐ DELETE	2.1 TIT	LF				Change	Addition
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		DELETE	6.1 TIT				L	Change	Addition
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ADDRESS			6.3 STF	REET ADDRESS					
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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

7123 KDR

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