

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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003822 (0)**

1. Corporation Name  
**YOUTH SERVICES INTERNATIONAL, INC.**

Principal Place of Business <b>2 PARK CENTER COURT, STE. 200 OWINGS MILLS MD 21117</b>	Mailing Address <b>2 PARK CENTER COURT, STE. 200 OWINGS MILLS MD 21117</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>52-1715690</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, TIMOTHY P			1.2 NAME			
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREINI, ALAN J			2.2 NAME			
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLACK, J. DONNIE			3.2 NAME	CFO and Treasurer		
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			3.3 STREET ADDRESS	William P. Mooney		
CITY-ST-ZIP	OWINGS MILLS MD 21117			3.4 CITY-ST-ZIP	2 Park Center Court, Suite 200		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUSKEY, BOBBIE			4.2 NAME			
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLCH, DAVID B			5.2 NAME			
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			5.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMILIO, MARK S			6.2 NAME			
STREET ADDRESS	2 PARK CENTER COURT, STE. 200			6.3 STREET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117			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:  REQUIRED

1/12/98 410/356-8600

CR2E034 (10/97)