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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031998 (5)

SILBERT COUNSELING ASSOCIATES, INC.

Principal Place of Business Mailing Address 20300 WEST COUNTRY CLUB DRIVE 20300 WEST COUNTRY CLUB DRIVE **PENTHOUSE 14** PENTHOUSE 14 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 04/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0482784 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intancible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SILBERT, IAN 20300 WEST COUNTRY CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PENTHOUSE 14 83 **NORTH MIAMI BEACH FL 33180** City 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition SILBERT, IAN 1.2 NAME 20300 W. COUNTRY CLUB DRIVE PH14 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH FL 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME

2.3 STREET ADDRESS

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2 4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

DELETE

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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 to 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 feeciver 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 in attachment with an addition.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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FILED

Apr 22 1998 8:00am

Secretary of State

Addition

Addition

Addition

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