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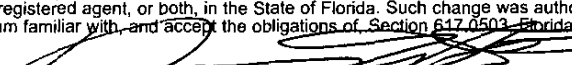
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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005234 ✓					
1. Corporation Name THE JEAN SLOAN CLEAR SAILING DROP IN CENTER OF THE TREASURE COAST, INC.					
Principal Place of Business 812 N. 7th ST. FT. PIERCE, FL 34950 US			Mailing Address c/o NEW HORIZONS ADMINISTRATION 4500 W. MIDWAY RD. FT. PIERCE, FL 34981 US		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/18/1993 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CIASCA, ART 901 N. 7th ST. FT. PIERCE, FL 34950 US				10. Name and Address of New Registered Agent 81 Name DOUGLAS TALBOTT 82 Street Address (P.O. Box Number is Not Acceptable) NEW HORIZONS OF THE TREASURE COAST, INC. 4500 W. MIDWAY RD. 83 84 City FT. PIERCE FL 85 Zip Code 34981			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  DATE **3/21/99**

(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	DP	PANAIA, DOUG		1.1 TITLE	DP	PROCIDA, ROSA	
NAME		5093 DEANNA LANE		1.2 NAME		5093 DEANNA LANE	
STREET ADDRESS		FT. PIERCE, FL 34982		1.3 STREET ADDRESS		FT. PIERCE, FL 34946	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	DT	GENTILQUORE, NICKI		2.1 TITLE	DVP	PANAIA, DOUG	
NAME		1781 SW COCHRAN		2.2 NAME		5093 DEANNA LANE	
STREET ADDRESS		PT. ST. LUCIE, FL 34953		2.3 STREET ADDRESS		FT. PIERCE, FL 34982	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	DS	ROBINSON, RALPH		3.1 TITLE	DT	HODGES, BETSEY	
NAME		1319-A PEPPERTREE TRAIL		3.2 NAME		7132 HAWKS VIEW TRAIL	
STREET ADDRESS		FT. PIERCE, FL 34950		3.3 STREET ADDRESS		PT. ST. LUCIE, FL 34986	
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	MD	GOLPHIN, BRENDA		4.1 TITLE	D	DAVIS, ANNIE	
NAME		P.O. BOX 1471		4.2 NAME		2202 AVENUE E	
STREET ADDRESS		FT. PIERCE, FL 34954		4.3 STREET ADDRESS		FT. PIERCE, FL 34950	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	D	DAWSON, CEDRIC	
NAME				5.2 NAME		1911 AVENUE N	
STREET ADDRESS				5.3 STREET ADDRESS		FT. PIERCE, FL 34950	
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3-26-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)