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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

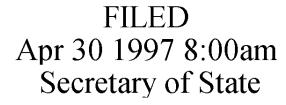
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 532322

(5)

LAPP AND ASSOCIATES BEHAVIORAL COUNSELING CENTER S, P.A.

Principal Place of Business





% GRANT, WIL 859 PARK AVE ORANGE PARK	E., STE 104	% GRANT, WILLIAM H., 859 PARK AVE., STE 10 ORANGE PARK FL 3207	4	Date Incorporated or Qualified 04/26/1977	3a. Date of Last Report 04/30/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-2154334	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7 ₁₀	Country 30	8. This corporation has liability for inta	res No
	9, Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Regis	tered Agent
859	NT, WILLIAM H., III PARK AVE., SUITE 104 NGE PARK FL 32073		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Horida, Such change was ations of, Section 607.0505, F	authorized by the corpora Florida Statutes.	poration submits this statement for the purpalion's board of directors. I hereby accept the	he appointment as registered
12.	Signature, typod or printed name of registered age OFFICERS ANI		Off. Registered Agent signature requ		DATE
TITLE	DP OFFICERS AND	DELETE	13. 1.1 H(f	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	LAPP, JOHN E.	,	1.2 NAME		E change E Addition
STREET ADDRESS	931 CASSAT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 C/TY - ST - Z/P		
TITLE		DELETE	2111111		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 \$TREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY-ST-7(P		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS		
CITY-ST-ZIP		7 P. A. M. de la	3.4. C(1)Y - S1 - Z(P		
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Theres.	4.4 C(1) Y - S1 - Z(P		····
TITLE		☐ DETELL	5.1 1411.6		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driese	5.4 CITY - ST - ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELFTE	6 1 TITLE	:	Change Addition
NAME STREET ADDRESS	Na Y		6.2 NAME 6.3 STREET ADDRESS	i	
CITY-ST-ZIP			6.4 CITY- \$1 - ZIP		
14. I do herel	by certify that the information supplier	I with this bling does not gua	lify for the exeruption state	ed in Section 119 07/3)(i) Florida Statutos I	further postifuthat 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 am an officer or director of the convergence 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 chapter 60 on the accurate and that an address.