

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708576** (4)
1. Corporation Name
ACHIEVEMENT AND REHABILITATION CENTERS, INC.



Principal Place of Business: 10250 NW 53RD STREET, SUNRISE FL 33351
Mailing Address: 10250 NW 53RD STREET, SUNRISE FL 33351

3. Date Incorporated or Qualified: 03/02/1965
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-0809623
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
GINSBERG, SONIA
10250 NW 53 STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name: **ROBERT A. BURTON**
82 Street Address (P.O. Box Number is Not Acceptable): **10250 N.W. 53 Street**
84 City: **Sunrise** FL 85 Zip Code: **33351**

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: *Robert A. Burton* **ROBERT A. BURTON, President/CEO** DATE: **4/12/96**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RICHTER, JACOB	
STREET ADDRESS	2600 NE 14TH ST.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CHRETIEN, PETER C.	
STREET ADDRESS	22 MINNETONKA ROAD	
CITY - ST - ZIP	SEA RANCH LAKES FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, DENNIS	
STREET ADDRESS	3111 STIRLING RD	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	MARINER, JOHANTHAN D.	
STREET ADDRESS	100 N. E. THIRD AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	LAYSTROM, WILLIAM, JR.	
STREET ADDRESS	1177 SE 3RD AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PM	<input checked="" type="checkbox"/> DELETE
NAME	GINSBERG, SONIA	
STREET ADDRESS	5160 N. W. 26TH CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.1 VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	2.1 S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gordon Rogers	
3.3 STREET ADDRESS	200 S. Biscayne Blvd. Ste 3600	
3.4 CITY - ST - ZIP	Miami, FL 33131-2338	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300001800023	
4.4 CITY - ST - ZIP	-04/29/96--01125--012	
	***61.25	
5.1 TITLE	5.1 CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	PM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT A. BURTON	
6.3 STREET ADDRESS	3720 Coral Springs Dr	
6.4 CITY - ST - ZIP	Coral Springs, FL 33065	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert A. Burton* **ROBERT A. BURTON** DATE: **4/12/96** (305) 746-9400

CR2E037 (12/95)