

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33351-8023
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3. Date Incorporated or Qualified 03/02/1965	3a. Date of Last Report 04/29/1996
4. FEI Number 59-0809623	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BURTON, ROBERT A.
10250 NW 53 STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name **HAAS, DENNIS**

82 Street Address (P.O. Box Number is Not Acceptable)
10250 NW 53 Street

83

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 *Dennis Haas* **PRES/CEO DENNIS HAAS** DATE **3-14-97**

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RICHTER, JACOB	
STREET ADDRESS	2600 NE 14TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CHRETIEN, PETER C.	
STREET ADDRESS	22 MINNETONKA ROAD	
CITY-ST-ZIP	SEA RANCH LAKES FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ROGERS, GORDON	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 3600	
CITY-ST-ZIP	MIAMI FL 33131-2338	
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	C/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	BURTON, ROBERT A.	
STREET ADDRESS	3720 CORAL SPRINGS DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002132895
5.3 STREET ADDRESS	-04/03/97--01075--019
5.4 CITY-ST-ZIP	***140.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P HAAS, DENNIS
6.3 STREET ADDRESS	2841 N OCEAN BLVD #2010
6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

14. I do 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.

SIGNATURE *Dennis Haas* **Dennis Haas** President/CEO (954) 746-0400

CR2E037 (9/96)