

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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



|   |   |
|---|---|
| Principal Place of Business<br><b>10250 NW 53RD STREET<br/>SUNRISE FL 33351</b> | Mailing Address<br><b>10250 NW 53RD STREET<br/>SUNRISE FL 33351</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>03/02/1965</b> |
| 4. FEI Number<br><b>59-0809623</b>                     |
| Applied For<br><input type="checkbox"/>                |
| Not Applicable<br><input type="checkbox"/>             |

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

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**HAAS, DENNIS**  
**10250 NW 53 STREET**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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          | P                                | <input type="checkbox"/> DELETE |
| NAME           | HAAS, DENNIS                     |                                 |
| STREET ADDRESS | 2847 N OCEAN BLVD. #2010         |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33309           |                                 |

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           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS | 2150 SW 28th Avenue   |
| 6.4 CITY-ST-ZIP    | Fort Lauderdale, FL 33312   |

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.

**SIGNATURE:** *Dennis Haas* **Dennis Haas, President/CEO 04/14/98 (954) 746-9400**

CR2E037 (10/97)