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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708576

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/02/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0809623

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAAS, DENNIS
 10250 NW 53 STREET
 SUNRISE FL 33351

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 *[Signature]* **DNS/CEO**

1-14-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **VCD RICHTER, JACOB**
 STREET ADDRESS **2600 NE 14TH ST.**
 CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S/D CHRETIEN, PETER C.**
 STREET ADDRESS **22 MINNETONKA ROAD**
 CITY-ST-ZIP **SEA RANCH LAKES FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VCD ROGERS, GORDON**
 STREET ADDRESS **200 S. BISCAYNE BLVD., STE. 3600**
 CITY-ST-ZIP **MIAMI FL 33131-2338**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T/D MARINER, JOHANTHAN D.**
 STREET ADDRESS **100 N. E. THIRD AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

4.1 TITLE Change Addition
 4.2 NAME **T/D MARINER, JOHNATHAN D.**
 4.3 STREET ADDRESS **2267 N.W. 199 STREET**
 4.4 CITY-ST-ZIP **MIAMI, FL 33056**

TITLE DELETE
 NAME **C/D LAYSTROM, WILLIAM, JR.**
 STREET ADDRESS **1177 SE 3RD AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **P HAAS, DENNIS**
 STREET ADDRESS **2150 SW 28TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: *[Signature]* **Dennis Haas, President/CEO** 01/07/99 (954) 746-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)