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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 752945

(6)

THE R	EGENERATION CENTER, I	INC.			
Principal Place	of Business	Mailing Address			Baile Bight Bight Bight Bight Bight Bight 1001
2017 BROWARD AVE. WEST PALM BEACH FL 22402-33401 2017 BROWARD AVE. WEST PALM BEACH FL		FL-22407-33401			
				3. Date Incorporated or Qualified 06/12/1980	3a. Date of Last Report 04/28/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	26		59-2009267	Not Applicable
22	m, 600.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	>	City & State		6 Floring Company Company	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
24]	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	
			81 Name		
REAMSY	'NDER, TERRY		Ctront Ad	drago (D.O. Bou Murahas la Nat Assassabili	
5960 FLAT ROCK		62 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
–	ALM BEACH FL 33413		83		
1120112	ALM BEACHTE GOVIO				
			<b>84</b> City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.050	0			one of changing the conjutered office
	o the provisions of cootions of 7,000	12 and 617.1508, Florida Statu	ites, the above-named corpo	oration submits this statement for the purp	OSO OF CHAINGING ILS TOGISIONOU UNICE
O TOGISTOR	eo agent, or both, in the state of rior	nga. Such change was authori	zed by the comoration's box	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ntment as registered agent. I am
familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	nga. Such change was authori	zed by the comoration's box	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ntment as registered agent. I am
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familiar wit SIGNATURE _	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	nt and title if applicable (N	zed by the corporation's books.  OTE: Registered Agent signature requirements.	ard of directors. I hereby accept the appoint	ntment as registered agent. I am  DATE
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SIGNATURE: (

SIGNATURE AND TYPED OF PRINTED NAME OF STORTING OFFICER OR DIRECTOR

2/19/96 407-635004

CR2E037 (