


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767970** (7)  
1. Corporation Name  
**CENTER FOR POSITIVE LIVING, INC.**

Principal Place of Business <b>802 SARASOTA QUAY SARASOTA FL 34236 US</b>	Mailing Address <b>802 SARASOTA QUAY SARASOTA FL 34236 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/15/1983</b>	4. FEI Number <b>94-2778677</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 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? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**RITZ, DAVID O  
802 SARASOTA QUAY  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, 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	PTR NAME RITZ, DAVID OWEN STREET ADDRESS 802 SARASOTA QUAY CITY-ST-ZIP SARASOTA FL	1.1 TITLE PTR 1.2 NAME Butler, Richard A. 1.3 STREET ADDRESS 2299 Seward Drive 1.4 CITY-ST-ZIP Sarasota, FL 34232
TITLE	VT NAME SCOTT, SUSAN STREET ADDRESS 1111 79 ST NW CITY-ST-ZIP BRADENTON FL	2.1 TITLE VTR 2.2 NAME Ron Johnson 2.3 STREET ADDRESS 6865 Hughes Street 2.4 CITY-ST-ZIP Longboat Key, FL 34228
TITLE	T NAME RADTKE, RALPH STREET ADDRESS 1729 LOMA LINDA CITY-ST-ZIP SARASOTA FL 34239	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	S NAME DILGES, ARLENE STREET ADDRESS 4825 SLOAN AVE CITY-ST-ZIP SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	M NAME DEVINE, SHIRLEY STREET ADDRESS 5805 GUAYA #104 CITY-ST-ZIP HOLMES BCH FL 34217	5.1 TITLE M 5.2 NAME Dan Cormany 5.3 STREET ADDRESS 2341 Greendale Drive 5.4 CITY-ST-ZIP Sarasota, FL 34232
TITLE		6.1 TITLE 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.

SIGNATURE:

*[Signature]* DAN CORMANY, EXECUTIVE DIRECTOR 3-26-98 (941) 951-0420

CR2037 (10/97)