

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F03106 (4)  
1. Corporation Name  
COUNSELING AFFILIATES, P.A.



Principal Place of Business 5137 SO UNIVERSITY DR SUITE 139 DAVE FL 33328 US	Mailing Address 5137 SO UNIVERSITY DRIVE SUITE 139 DAVE FL 33328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1859 N. PINE ISLAND RD. Suite, Apt. #, etc. 22 #321 City & State 23 PLANTATION, FL Zip 24 33322		2a. Mailing Address 26 1859 N. PINE ISLAND RD. Suite, Apt. #, etc. 27 #321 City & State 28 PLANTATION, FL Zip 29 33322		3. Date Incorporated or Qualified 10/24/1980	
25 BROW		30 BROW		4. FEI Number 59-2066651	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIEYMAN, STEVEN 5137 SO UNIVERSITY DRIVE SUITE 139 DAVE FL 33328		10. Name and Address of New Registered Agent 81 Name RIEYMAN, STEVEN 82 Street Address (P.O. Box Number is Not Acceptable) 1859 N. PINE ISLAND RD. #321 83 84 City PLANTATION FL 85 Zip Code 33322	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  STEVEN RIEYMAN  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RIEYMAN, STEVEN DR 5137 SO UNIVERSITY DRIVE DAVE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD RIEYMAN, STEVEN 1859 N. PINE ISLAND RD. #321 PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:  STEVEN RIEYMAN 4/24/98 (954) 476 7218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0226930

CP2E034 (10/97)