

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F65294** (3)
1. Corporation Name
PALM BEACH INSTITUTE FAMILY OF PROGRAMS, INC.

FILED
Apr 01, 1996 08:00
Secretary of State



Principal Place of Business
**1014 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

Mailing Address
**1014 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**CATANZARO, RONALD J.
1014 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

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 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Person Making this Statement on Behalf of the Corporation

Signature of the Tax Preparer or Other Person Preparing this Statement

Date

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CATANZARO, DR. RONALD J.
STREET ADDRESS	1017 N OLIVE
CITY-STATE-ZIP	W. PALM BEACH FL
TITLE	SD
NAME	CATANZARO, LISA
STREET ADDRESS	1017 N. OLIVE AVE
CITY-STATE-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the certificate must be supplemental and not 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; and the person or persons 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, or on an attachment with an address.

SIGNATURE:

Rosa Catanzaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Tax Preparer

CR2E034 (12/95)