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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 012 ***150.00

DOCUMENT # F65294						
1. Corporation Name PALM BEACH INSTITUTE FAMILY OF PROGRAMS, INC.				1 / 8 3 / 4 8 1 1 / 6 8 / 6 / 8 / 7 / 8 / 8 / 6 / 8 / 7 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8	ANSIN ANSIN ANSIN ANSIN ANSIN INTER	
Principal Place	e of Business	Mailing Address		1 (52(136 (1)6 (1)6) 5)(15 (10)6 (9)(1 0)6)	DIBIL BIBIS MIDSI MINIT MINIS INNI	
1014 NORTH O	LIVE AVENUE	1014 NORTH OLIVE AVENUE				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334)1	DO NOT WRITE IN THIS	S SDACE	
				3. Date Incorporated or Qualifed	3 SPACE	
				02/01/1982		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26			59-2234522	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27		3. Continues of Database Decirco	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	Zip	Country	Trust Fund Contribution	Added to Fees	
Zip	25		io]	This corporation owes the current year In Personal Property Tax.	Tangible ∏No	
24	9. Name and Address of Current	<u> </u>	ou	10. Name and Address of New Registered		
		3	81 Name			
CATANZARO, RONALD J.				Narda E. Butner et Address (P.O. Box Number is Not Acceptable)		
1014 NORTH OLIVE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable) 340 Royal Palm Way, Suite 300		
WEST PALM BEACH FL 33401			83	m Beach, FL 33480		
			84 City		85 Zip Code	
			Palm	Beach FI	L 33480	
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.	on a board of directors. I morely absort the appro-	1	
SIGNATURE	_ Marda E. X	Butnes		4/80	199	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref 12. OFFICERS AND DIRECTORS			tegistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE	ADDITIONATION AND TO CIT TO END A	☐ Change ☐ Addition	
NAME	CATANZARO, DR. RONALD J.		1.2 NAME			
STREET ADDRESS	1017 N OLIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CfTY-ST-ZiP			
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CATANZARO, LISA		2.2 NAME		•	
STREET ADDRESS	1017 N. OLIVE AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE		- Dette te	•			
NAME expect annoces			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		—	5.2 NAME		_	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CTTY-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, or on an attachment with an address, with all other like empowered.

SIGNATURE: