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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:26

DOCUMENT # **J56466** **(2)**

1. Corporation Name
ADULT CHILD RECOVERY CENTER, INC.

Principal Place of Business	Mailing Address
% RUTH M. STROKLUND 7420 N.W. 5TH STREET, SUITE 112 PLANTATION FL 33317	% RUTH M. STROKLUND 7420 N.W. 5TH STREET, SUITE 112 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1987
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: 1882 N.W. 44th Drive
22: Suite, Apt. #, etc.
23: City & State: Plantation, FL
24: Zip: 333 Country: 25

2a. Mailing Address
26: 1027 Laguna Springs Dr.
27: Suite, Apt. #, etc.
28: City & State: Ft. Laud. Fl.
29: Zip: 33326 Country: 30

4. FEI Number: 59-2844071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STROKLUND, RUTH M. 7420 N.W. 5TH STREET, SUITE 112 PLANTATION 33317	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1027 Laguna Springs Drive 83: Ft. Laud. Fl. 33326 84 City: FL 85 Zip Code: 33326

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: _____ DATE: _____
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	STROKLUND, RUTH M.	12 NAME	
STREET ADDRESS	7420 NW 5TH ST, STE 112	13 STREET ADDRESS	1027 Laguna Springs Drive
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Ft. Laud. Fl. 33326
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ruth M. Strokland (P) RUTH M. STROKLUND 3/28/95 305-321-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000449 CP