

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24936 (9)

1. Corporation Name

**ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUP
PORT, INC.**



Principal Place of Business	Mailing Address
111 EAST COAST AVE HYPOLUXO FL 33461 US	111 EAST COAST AVE HYPOLUXO FL 33462-5316 US

3. Date Incorporated or Qualified 02/22/1988	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business	2a. Mailing Address
21 105 East Coast Ave	26 105 East Coast Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Hypoluxo FL	27 Hypoluxo FL
City & State	City & State
23 33462	28 33462
Zip	Zip
Country	Country
24 US	30 US

4. FEI Number 65-0086898	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WESTON, CHRIS 6A AMHERST CT ROYAL PALM BEACH FL 33411	

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
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	WESTON, CHRIS
STREET ADDRESS	6A AMHERST CT
CITY-ST-ZIP	ROYAL PALM BEACH FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	KRUBIT, PAUL
STREET ADDRESS	TUSCANY D198
CITY-ST-ZIP	DELRAY EBAHC FL
TITLE	DTS <input type="checkbox"/> DELETE
NAME	SCHOLNICOFF, YVONNE
STREET ADDRESS	10A AMHERST
CITY-ST-ZIP	ROYAL PALM EBAHC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	1 Vin De Casas Sur 1-201
2.4 CITY-ST-ZIP	Beverly Beach Florida 33426
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)