


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N49785 (1)</b> 1. Corporation Name <b>INTERVENTION SERVICES, INC.</b>		

Principal Place of Business <b>672 N SEMORAN BLVD ORLANDO FL 32809</b>	Mailing Address <b>P.O. BOX 367 BABSON PARK FL 33827</b>
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DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified <b>07/07/1992</b>		3a. Date of Last Report <b>03/30/1996</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		4. FEI Number <b>65-0439778</b> Applied For <input type="checkbox"/> Not Applicable	
2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>EHRlich, IRA 205 CATHERINE AVENUE BABSON PARK FL 33827</b>				10. Name and Address of New Registered Agent <b>61</b> Name <b>62</b> Street Address (P.O. Box Number is Not Acceptable) <b>63</b> <b>64</b> City <b>FL</b> <b>65</b> Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD-MARY EHRlich	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONTSDCOCA, GARY D.			1.2 NAME	205 Catherine Ave		
STREET ADDRESS	3760 US 27 SO.			1.3 STREET ADDRESS	Babson Park, FL 33827		
CITY-ST-ZIP	SEBRING FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EHRlich, MARY			2.2 NAME	SHIRLEY HODAPP		
STREET ADDRESS	205 CATHERINE AVE			2.3 STREET ADDRESS	712 Johnson Ave		
CITY-ST-ZIP	BABSON PARK FL 33827			2.4 CITY-ST-ZIP	LAKE WALES, FL 33853		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EHRlich, IRA			3.2 NAME	Corrine meyer		
STREET ADDRESS	205 CATHERINE AVE.			3.3 STREET ADDRESS	P.O. Box 359		
CITY-ST-ZIP	BABSON PARK FL 33827			3.4 CITY-ST-ZIP	Babson Park, FL 33827		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED *aliska 407-668-4007*

CR2E037 (4/97)