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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006766					
1. Corporation Name THE ADOLESCENT TRAINING CENTER, INC.					
Principal Place of Business 13233 SW 2ND CT OCALA FL 34473 US			Mailing Address PO BOX 18 HOLDER FL 34445		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 1645 27 Suite, Apt. #, etc. 28 Belleview, Florida 29 34421 30 USA		3. Date Incorporated or Qualified 12/03/1997 4. FEI Number 59-3484261 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NEDELISKY, DARYL K 1650 NW 38TH AVE OCALA FL 34482				10. Name and Address of New Registered Agent 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Resident
NAME	HARVEY, BELINDA D	1.2 NAME	Robin Josef
STREET ADDRESS	13233 SW 2ND CT	1.3 STREET ADDRESS	13233 SW 2nd Court
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	OCALA FL 34473
TITLE	D	2.1 TITLE	
NAME	BROWN, LOUIS J JR	2.2 NAME	
STREET ADDRESS	6949 ROSS TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLDER FL 34445	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Secretary/Treasurer
NAME	BROWN, ETHA MAE	3.2 NAME	Brown, Etha Mae
STREET ADDRESS	15 WEST GOLDEN STREET	3.3 STREET ADDRESS	15 West Golden Street
CITY-ST-ZIP	BEVERLY HILLS FL 34465	3.4 CITY-ST-ZIP	Beverly Hills FL 34465
TITLE	T	4.1 TITLE	Vice President
NAME	SALMON, BETTY J	4.2 NAME	Salmon, Betty J
STREET ADDRESS	5473 SW 100 LOOP	4.3 STREET ADDRESS	5473 SW 100 Loop
CITY-ST-ZIP	OCALA FL 34476	4.4 CITY-ST-ZIP	Ocala FL 34476
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 617, 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:

Belinda D. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (352) 347-7531
Date Daytime Phone #

CR2E037 (11/98)