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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90018 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003720

1. Corporation Name

FIRST STEP ADOLESCENT SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 622241
OVIEDO FL 32762-2241

Mailing Address

POST OFFICE BOX 622241
OVIEDO FL 32762-2241

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		06/23/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-3520393	
24 Country		30 Country		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	

9. Name and Address of Current Registered Agent

MOORE, MICHAEL L ESO
5458 HOFFNER AVENUE
SUITE 303
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHERYL ANITA	1.2 NAME	Maurice D. Smith
STREET ADDRESS	1711 CANOE CREEK ROAD	1.3 STREET ADDRESS	1711 Canoe Creek Rd.
CITY-ST-ZIP	OVIEDO FL 32768-2241	1.4 CITY-ST-ZIP	Oviedo, FL 32766
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, TERRI	2.2 NAME	Julius C. Smith
STREET ADDRESS	31 HUGHES ROAD	2.3 STREET ADDRESS	6057 Mirror Lake Dr.
CITY-ST-ZIP	SOMERSET NJ 08873	2.4 CITY-ST-ZIP	Las Vegas, Nevada 89110
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHERYL ANN	3.2 NAME	
STREET ADDRESS	1024 COVINGTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dontony a Smith	4.2 NAME	
STREET ADDRESS	1711 Canoe Creek Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Oviedo, FL 32766	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 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:

C. SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

407-977-0420

Daytime Phone #

CR2E037 (11/98)