

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000000348 1. Corporation Name REACH OUT AMERICA CENTER, INC.			
Principal Place of Business 1800 NO 70 WAY HOLLYWOOD FL 33024		Mailing Address 1800 NO 70 WAY HOLLYWOOD FL 33024	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 02/23/1998	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
29 Name and Address of Current Registered Agent		30 Name and Address of New Registered Agent	
EBERTON, TIMOTHY 1800 NO 70 WAY HOLLYWOOD FL 33024		81 Name Patricia Markey-Taylor 82 Street Address (E.O. Box Number is Not Accepted) 1600 N. 70th Way 83 City Hollywood FL 33024 84 Zip Code FL 33024	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <i>Patricia Markey-Taylor</i> President Date 3/28/98 (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	14 TITLE	15 NAME
DELETABLE	DELETABLE	16 CHANGE	17 ADDITION
1. NAME	2. STREET ADDRESS	3. CITY-ST-ZIP	4. CITY-ST-ZIP
5. NAME	6. STREET ADDRESS	7. CITY-ST-ZIP	8. CITY-ST-ZIP
9. NAME	10. STREET ADDRESS	11. CITY-ST-ZIP	12. CITY-ST-ZIP
13. NAME	14. STREET ADDRESS	15. CITY-ST-ZIP	16. CITY-ST-ZIP
17. NAME	18. STREET ADDRESS	19. CITY-ST-ZIP	20. CITY-ST-ZIP
21. NAME	22. STREET ADDRESS	23. CITY-ST-ZIP	24. CITY-ST-ZIP
25. NAME	26. STREET ADDRESS	27. CITY-ST-ZIP	28. CITY-ST-ZIP
29. NAME	30. STREET ADDRESS	31. CITY-ST-ZIP	32. CITY-ST-ZIP
33. NAME	34. STREET ADDRESS	35. CITY-ST-ZIP	36. CITY-ST-ZIP
37. NAME	38. STREET ADDRESS	39. CITY-ST-ZIP	40. CITY-ST-ZIP
41. NAME	42. STREET ADDRESS	43. CITY-ST-ZIP	44. CITY-ST-ZIP
45. NAME	46. STREET ADDRESS	47. CITY-ST-ZIP	48. CITY-ST-ZIP
49. NAME	50. STREET ADDRESS	51. CITY-ST-ZIP	52. CITY-ST-ZIP
53. NAME	54. STREET ADDRESS	55. CITY-ST-ZIP	56. CITY-ST-ZIP
57. NAME	58. STREET ADDRESS	59. CITY-ST-ZIP	60. CITY-ST-ZIP
61. NAME	62. STREET ADDRESS	63. CITY-ST-ZIP	64. CITY-ST-ZIP
65. NAME	66. STREET ADDRESS	67. CITY-ST-ZIP	68. CITY-ST-ZIP
69. NAME	70. STREET ADDRESS	71. CITY-ST-ZIP	72. CITY-ST-ZIP
73. NAME	74. STREET ADDRESS	75. CITY-ST-ZIP	76. CITY-ST-ZIP
77. NAME	78. STREET ADDRESS	79. CITY-ST-ZIP	80. CITY-ST-ZIP
81. NAME	82. STREET ADDRESS	83. CITY-ST-ZIP	84. CITY-ST-ZIP
85. NAME	86. STREET ADDRESS	87. CITY-ST-ZIP	88. CITY-ST-ZIP
89. NAME	90. STREET ADDRESS	91. CITY-ST-ZIP	92. CITY-ST-ZIP
93. NAME	94. STREET ADDRESS	95. CITY-ST-ZIP	96. CITY-ST-ZIP
97. NAME	98. STREET ADDRESS	99. CITY-ST-ZIP	100. 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 607, 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: <i>Patricia Markey-Taylor</i>		3/28/99 931 964-5886 Date Signature	