FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:47

DOCUMENT # P93000061611 (8)

1. Corporation Name
ALCOHOL DRUG ASSISTANCE PROGRAM TREATMENT, INC.

Principal Place of Business	Mailing Address
1144 SE THIRD AVE FT. LAUDERDALE FL 33316	1144 SE THIRD AVE FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0439422 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	County 25
Zip 29	County 30

9. Name and Address of Current Registered Agent

MORRISON, BILLIE T
1330 SE THIRD AVE., SUITE D
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: TARNOVE, BILLIE
82 Street Address (P.O. Box Number is Not Acceptable): 519 S ANDREWS AVE
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Billie Tarnove, BILLIE TARNOVE
(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	11 TITLE	☐ Change ☐ Addition
NAME	SELTZER, NEAL	12 NAME	
STREET ADDRESS	1144 SE THIRD AVE	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33316	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	UCHIN, MARLENE	22 NAME	
STREET ADDRESS	1144 SE THIRD AVE	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33316	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	D MARTIN MURTAUGH
STREET ADDRESS		33 STREET ADDRESS	1144 S3 THIRD AVE
CITY ST ZIP		34 CITY ST ZIP	FT LAUDERDALE, FL 33316
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	D JOSEPH NICHOLS
STREET ADDRESS		43 STREET ADDRESS	1144 SE THIRD AVE
CITY ST ZIP		44 CITY ST ZIP	FT LAUDERDALE, FL 33316
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marlene N. Uchin TREASURER 4/28/95 305-527-1388
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0228008 CP