

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000070086 (2)
1. Corporation Name
SOUTHERN INSTITUTE FOR TREATMENT EVALUATION, INC



Principal Place of Business

Mailing Address

660 LINTON BLVD.
SUITE 112
DELRAY BEACH FL 33444
US

660 LINTON BLVD.
SUITE 112
DELRAY BEACH FL 33444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1993	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0457192	Applied For Not Applicable
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
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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, DIANA
660 LINTON BLVD.
SUITE 112
DELRAY BCH. FL 33444

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 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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, LORI	1.2 NAME	
STREET ADDRESS	3064 SPRINGFIELD LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL 33461	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DIANA S	2.2 NAME	
STREET ADDRESS	660 LINTON BLVD. STE. 112	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33444	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, MICHELE	3.2 NAME	
STREET ADDRESS	660 LINTON BLVD. STE. 112	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33444	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, SHARON	4.2 NAME	
STREET ADDRESS	660 LINTON BLVD. STE. 112	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33444	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, CORREEN D	5.2 NAME	
STREET ADDRESS	3300 CHURCH HILL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BORNTON BCH. FL 33435	5.4 CITY-ST-ZIP	
TITLE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)