

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90045 006 ***150.00

DOCUMENT # **P93000070404**

1. Corporation Name

COUNSELING SERVICES INSTITUTE, INC.

Principal Place of Business

**1515 N FEDERAL HIGHWAY
SUITE 216
BOCA RATON FL 33432**

Mailing Address

**1515 N FEDERAL HIGHWAY
SUITE 216
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

65-0441512

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

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

30

9. Name and Address of Current Registered Agent

**FRYDMAN, JACOB
C/O COUNSELING SERVICES INSTITUTE, INC.
1515 N. FEDERAL HWY., #216
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

FRYDMAN, JACOB

82 Street Address (P.O. Box Number is Not Acceptable)

2201 COCONUT ROAD

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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

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

JACOB FRYDMAN VD

(NOTE: Registered Agent signature required when reinstating)

DATE

01/11/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HEARN, DONNA**
STREET ADDRESS **1515 N FEDERAL HWY, #216**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ DELETE

NAME **FRYDMAN, JACOB**
STREET ADDRESS **1515 N FEDERAL HWY, #216**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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:

Jacob Frydman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/11/99

DAYTIME PHONE #

561-998-0866

CR2E034 (11/98)

0340380