

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:06

DOCUMENT # P94000006401 (1)

1. Corporation Name

DIVERSIFIED COUNSELING, INC.

Principal Place of Business

357 N.E. 97 STREET
MIAMI SHORES FL 33138

Mailing Address

357 N.E. 97 STREET
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 **960 ARTHUR GODFREY RD**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **120**

Suite, Apt. #, etc.

27 City & State

City & State

23 **MIAMI BEACH FL**

City & State

28 Zip

24 **33140**

25 **USA**

29 **33140**

Country

4. FEI Number

65-0487342

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 C. 120.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FREDERICK, KENNETH L
357 N.E. 97 STREET
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81 Name

FREIDA SPIWAK-ROTEWICZ

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

10155 COLLINS

83

1104

84 City

BAL HARBOR

FL

85 Zip Code

33154

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]

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

(NOTE: Registered Agent signature required when reappointing)

6/8/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PRESIDENT, I.S.
FACIDA SPIWAK-ROTEWICZ
10155 COLLINS # 1104
BAL HARBOR, FL**

☒ Change ☐ Addition

**RESIGNED
KENNETH FREDERICK**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), 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 my signature.

SIGNATURE:

[Signature]

(Signature typed or printed name of signing officer or director)

6/8/95

(Date)

534-7220

(Telephone Number)