FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000006401 (1)**

1. Corporation Name:
DIVERSIFIED COUNSELING, INC.

Principal Place of Business:
960 ARTHUR GODFREY RD
SUITE 120
MIAMI BCH FL 33140
US

Mailing Address:
357 N.E. 97 STREET
MIAMI SHORES FL 33140
US

3. Date Incorporated or Qualified: **01/18/1994**

3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 10155 Collins
State, Apt. #, etc.
27 #1104
City & State
28 BAL HARBOUR, FL
Zip
29 33154
Country
30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPIWAK-ROTLEWICZ, FREIDA
10155 COLLINS
SUITE 1104
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

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 607.1504, 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 _____ Date _____

12. OFFICERS AND DIRECTORS

TYPE	**PTS**	☐ DELETE
NAME	**SPIWAK-ROTLEWICZ, FREIDA**	
STREET ADDRESS	**10155 COLLINS #1104**	
CITY-ST-ZIP	**BAY HARBOUR FL**	
TYPE	**P**	☒ DELETE
NAME	**FREDERICK, KENNETH**	
STREET ADDRESS	**10155 COLLIN #1104**	
CITY-ST-ZIP	**BAY HARBOUR FL** Resigned 6/95	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ 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	300001715553	
4.4 CITY-ST-ZIP	-02/15/96--01048--005	
5.1 TITLE	***200.00	☐ 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		

CR2E034 (12/95)

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 added to the report with an address.

SIGNATURE: _____ 2-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #