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 JUN 30 AM 9:18

DOCUMENT # P94000007592 (6)

1. Corporation Name

COMMUNITY BASED SERVICES, INC.

Principal Place of Business	Mailing Address
210 MIRAMAR WAY WEST PALM BEACH FL 33405	210 MIRAMAR WAY WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0495806 — 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

2. Principal Place of Business	2a. Mailing Address
21 135 S.E. 5th AVENUE	26 P.O. BOX 787
Suite, Apt. #, etc.: 22 Suite 10	Suite, Apt. #, etc.: 27
City & State: 23 DELRAY BEACH	City & State: 28 DELRAY BEACH, FL
Zip: 24 33493 — County: 25 Palm Beach	Zip: 29 33447-0787 — County: 30 Palm Beach

9. Name and Address of Current Registered Agent

HUCH, LOUIS A
210 MIRAMAR WAY
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: ANDREW L. FENNELLY
82 Street Address (P.O. Box Number is Not Acceptable): 3701 NORTH FLAGLER DRIVE
83
84 City: WEST PALM BEACH, FL 85 Zip Code: 33407

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	~~D/P NORMAN L. BAUM~~ ☐ Change ☐ Addition
NAME	STEELE, GEORGE	NAME	~~P.O. BOX 787~~
STREET ADDRESS	210 MIRAMAR WAY	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	P/D	TITLE	D/P ☐ Change ☒ Addition
NAME	~~ANDREW L. FENNELLY~~	NAME	NORMAN L. BAUM
STREET ADDRESS	~~P.O. BOX 3706~~	STREET ADDRESS	P.O. BOX 787 N/A
CITY-ST-ZIP	~~WEST PALM BEACH, FL~~ 33402	CITY-ST-ZIP	DELRAY BEACH, FL 33447-0787
TITLE	VP/D	TITLE	D/VP ☐ Change ☒ Addition
NAME	~~NORMAN L. BAUM~~	NAME	ANDREW L. FENNELLY
STREET ADDRESS	~~P.O. BOX 787~~	STREET ADDRESS	P.O. BOX 3706 N/A
CITY-ST-ZIP	~~DELRAY BEACH, FL~~ 33447-0787	CITY-ST-ZIP	WEST PALM BEACH, FL 33402-3706
TITLE	D/S	TITLE	D/S ☐ Change ☒ Addition
NAME	~~ERIC ZENGOTA~~	NAME	ERIC ZENGOTA
STREET ADDRESS		STREET ADDRESS	P.O. BOX 8486 N/A
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BEACH, FL 33407-8486
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REMITTED BY MAY 1

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 [signature] ANDREW L. FENNELLY 4/27/95 813-243-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #