

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000021917 (7)

1. Corporation Name

CHALLENGE HEALTH NETWORK, INC.

Principal Place of Business

1314 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

1314 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060-8745



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt #, etc.

22

Suite, Apt #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PAYNE, GALE C
1800 SE 3RD AVE.
SUITE B
FT. LAUDERDALE FL 33316-2877

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBOUCREK, MICHAEL J		1.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARFARAS, NICHOLAS M		2.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		2.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT M		3.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICERIC, WALTER F		4.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		4.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTGANG, KENNETH C		5.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		5.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBEN, JON K		6.2 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR		6.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)