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Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

**PAWNE, GALE O.
1000 SE 3RD AVE.
SUITE 8
FT LAUDERDALE FL 33316-2077**

10. Name and Address of New Registered Agent

81 Name

MADELINE A. MISKOWIC

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

1314 EAST ATLANTIC BOULEVARD

83

84 City

POMPANO BEACH

85 Zip Code

FL 33060

11. Pursuant to the provisions of Sections 607.02 and 607.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, in the State of Florida, hereby accept the appointment as registered agent. I am not a director, officer, or shareholder of the corporation. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE

Madeline A. Miskowic

4/1/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
ALBOUCREK, MICHAEL J
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
ARFARAS, NICHOLAS M
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
BAKER, ROBERT M
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
CICERIC, WALTER F
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
FORTGANG, KENNETH C
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
GUBEN, JON K
1314 E. ATLANTIC BLVD., 3RD FLOOR
POMPANO BEACH FL 33060**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information furnished with this filing does not include any information stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report is true and correct to the best of my knowledge and belief, 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.

SIGNATURE:

Madeline A. Miskowic

01/13/98 (954) 946-2113

Date Daytime Phone # 0148151

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