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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 16 1997 8:00am

Secretary of State

## DOCUMENT # P95000048186 (7)

EVALUATION AND TREATMENT SERVICES, INC.

Principal Place of Business Mailing Address									I W L LEW BE FUL	IE 0111 1001
236 S PARK CI ST AUGUSTINE			S PARK CIRCLE EAS AUGUSTINE FL 32086							
							3. Date Incorporated or Qualified 06/19/1995	1 '	e of Last 2/1996	Report
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		*****	Applied For
21 Suite. Apt. #. etc.			6 Suite Apt # ele				59-3321699	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Vot Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required			
City & State		27	City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution		,	to Fees
Zip	Country		Ζιp	Col	untry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible t	ax under	s. 199.032,
24	25	29		30			Florida Statutes	Yes [	] No	
	9. Name and Address of Currer	it Regist	lered Agent			т	10. Name and Address of New Re	gistered A	gent	
	G, KAREN				81	Name				
236 S PARK CIRCLE EAST						Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
ST A	Augustine FL 32086									
					83		<b></b>			
					84	City		1=1	<b>85</b> Zip	Code
44 Divisions	to the are delegand Continue 507 050	O and E	07 1609 Florido Stot	ulon the n	bou	n proposition	position submits this statement for the r	FL	obanning.	ito registered
office or r	egistered agent, or both, in the State	of Floric	da. Such change was	authorize	d b	e-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appo	changing sintment a	s registered
agent. I a	m familiar with, and accept the oblig-	ations of	, Section 607.0505, F	lorida Sta	tute	S.	•			
SIGNATURE	Signature, typod or printed name of registered ago	not and title	il applicable (NC	OH: Benislore	d An	nut signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
TITLE	PTD		☐ DELETE	1,1 1	ITLE				Change	Addition
NAME	SELIG, KAREN			1.2 N	AME					
STREET ADDRESS	6501 NASSAU ST			1,3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32086			1,4 C	HY - 9	ST - ZIP				
TITLE	VSD		☐ DELETE	2.11	ITLE				Change	Addition
NAME .	MERWIN, JACK			2 2 N	AME					
STREET ADDRESS	6501 NASSAU ST			2,3 S	TREET	ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32086		DECETE			\$1 - 7(P	<del></del>		China	National III
TITLE			☐ DELETE	3.11					L Change	Addition
NAME				3 2 N		r ADDOCAA	•			
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 1		S1 - Z(P			Change	Addition
NAME			25 21111		NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST - 2/P				
TITLE			DELETE	5 1 T				·	Change	Addition
NAME				5,2 N	IAME					
STREET ADDRESS				5¦3 S	TREET	ADDRESS				
CITY-ST-ZIP				54.0	HTY-S	ST - 7IP				
TITLE			☐ DELFTE	611	NLF				Change	Addition
NAME				6,2 N	IAME					
STREET ADDRESS				6.3 S	TREET	ADDRESS				
CITY-ST-ZIP						ST - 7IP				
14. I do hereli informatio	by certify that the information supplies in indicated on this annual length or s	d with th supplem	is filing does not qua ental annual report is	alify for (he s true and	e oxe	emption state urate and tha	ed in Section 119.07(3)(i), Florida Statute	s. I further al effect as	certify that if made u	at the Inder oath: that
I am an o appears i	fficer or director of the corporation of n Block 12 or Block 13 if changed, o	r the rec r on (n)	eiver or trustee empo attachment with an ac	owered to ddress.	exec	cute this repo	to in Socion 119.07(3)(), Florida Statue at my signature shall have the same lega ort as required by Chapter 607, Florida S	Statutes; 🞢	id that my	name )