FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #
1. Corporation Name

DIVISION OF CORPORATIONS P95000060154 (8)

REACH	OUT	COUNSELING SERVICES.	INC
	~~	OCCIOECING SERVICES.	HWL

HEACH	TOUT COUNSELING SE	ERVICES, INC.				
Principal Place	of Business	Mailing Address			. Banka bahur ekini dalah ki	(64 0 1 000 1110 1110 1111
22236-D BOCA RANCHO DRIVE BOCA RATON FL 33428			22236-D BOCA RANCHO DRIVE BOCA RATON FL 33428			
2 Dinainal Di	one of Boston	4		3. Date Incorporated or Qualified 08/01/1995	3a. Date of Last	Report
2. Principal Pi 21	ace of Business	2a. Mailing Address 26		4. FEI Number		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-06092		Not Applicable
City & State		27		5. Certificate of Status Desired		75 Additional e Required
23	•	City & State		6. Election Campaign Financing Trust Fund Contribution		00 Мау Ве
Zip	Country	Zip	Country	Trust Fund Contribution	AOO	ded to Fees
24	25	29	30	B. This corporation has liability for a Florida Statutes	intangible tax under No	s 199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R		
			81 Name			
ROSENMAN, LARRY C C.P.A. 9927 ROBIN'S NEST ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
BUCA K	ATON FL 33496		83			
			84 City		85 Z	Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of I h, and accept the obligations of, S	0502 and 607.1508, Florida Statut Florida, Such change was authoriz	tes, the above named corpored by the corporation's boa	pration submits this statement for the pur and of directors. I hereby accept the appe	FL	
SIGNATURE	in, and accept the congacons of, a	Section 607.0505, Florida Statutes	5.			o ogom. rum
SIGNATURE:	Signature typed or printed name of registered	agent and title it applicable (NO	Dit Registered Agent signature require	ed when reinstation	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		OBS IN 12
TITLE	D	DELETE	1 1 THLE		Change	
NAME STREET ADDRESS	LANG, MARK	DIDII #	1.2 NAME			
STREET ADDRESS	22236-D BOCA RANCHO	DHIVE	1.3 STREET ADDRESS			
CHY-S1-ZIP TITLE	BOCA RATON FL 33428	ED DOLL	1.4 CITY - ST - ZIP			
NAME		[] DEFEIG	2. 1 TILLE		☐ Change	Addition
STREET ADDRESS			2 2 NAME			
CITY-ST-ZIP			2.3 STREET ADDRESS			
TITLE		[] DELETE	2 4 CITY - ST - 7:P			
NAME			3.2 NAME		☐ Change	Addition
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-7IP			3.4 CITY-S1-ZIP			
TITLE		DELETE	4 1 TOTLE		☐ Change	Addition
NAME			4.2 NAME		Change	Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	7344		4.4 CiTY - ST- ZiP	SOCOLOG	dooo	-
TITLE		DELETE	5 1 Tille	60000185 -06/07/96010; ***225 .0 0	Change	Addition
NAME			5.2 NAME	***225 OO	10014	
STREET ADDRESS			5 3 STREET ADDRESS	***************************************		$\sim 1.$
CITY-ST-ZIP			5 4 CiTY-ST-ZiP			~9°
TITLE		DELETE	6 1 TITLE		Change,	Addition
NAME PTOELL ADDRESS			6 2 NAME			-V
STREET ADDRESS			6.3 STREET ADDRESS		4/) I
CITY-ST-ZIP	certify that the information con-	ad with this files :	64 CHY-ST-ZIP			י
certify that t	the information indicated on this a am an officer or director of the co	noual report or supplemental annual report or supplemental annual report or the receiver or trustee	sned and does not qualify for all report is true and accura a somewered to present the	or the exemption stated in Section 119.0 te and that my signature shall have the s	7(3)(k), Florida Statu ame legal effect as i	tes. I further if made under

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: