

4/28/98 B-3776 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039985 (2)

1. Corporation Name

CREATIVE BEHAVIORAL MANAGEMENT INC.



Principal Place of Business 5555 COLLINS AVENUE STE 10W MIAMI BEACH FL 33140	Mailing Address 5555 COLLINS AVENUE STE 10W MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1571 NW 13 CT Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33125 Country 25 USA		2a. Mailing Address 26 5151 COLLINS AVE Suite, Apt. #, etc. 27 1109 City & State 28 MIAMI BEACH, FL Zip 29 33140 Country 30 USA		3. Date Incorporated or Qualified 05/08/1996	
		4. FEI Number 65-0667223		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMADO, MARTA 5555 COLLINS AVENUE STE 10W MIAMI BEACH FL 33140		10. Name and Address of New Registered Agent 81 Name AMADO MARTA 82 Street Address (P.O. Box Number is Not Acceptable) 1571 N.W. 13 CT. 83 Miami 84 City Miami FL 85 Zip Code 33125	
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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	1.1 TITLE	AMADO MARTA
NAME	AMADO, MARTA	1.2 NAME	AMADO MARTA
STREET ADDRESS	5555 COLLINS AVENUE STE 10W	1.3 STREET ADDRESS	5151 COLLINS AVE # 1109
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, trustee or liquidator 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:

4-21-98

CR2E034 (10/97)