

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P96000042629**  
1. Corporation Name  
**ATLANTIS COUNSELING ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**3157 CANADA COURT LAKE WORTH, FL. 33461** **4781 N. Congress Ave #168 Lake Worth, FL 33462**

2. Principal Place of Business 2a. Mailing Address  
21 **450 NORTH LAKE BLVD** 26 **4400 W. Sample Rd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **LAKE PARK FL** 27 **114**  
City & State City & State  
23 **33403** 28 **Coconut Crk, FL**  
Zip Country Zip Country  
24 **33403** 25 **WPA** 29 **33073** 30 **Brwd**

3. Date Incorporated or Qualified **5/13/96** 3a. Date of Last Report **4/97**  
4. FEI Number **65-0678122** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**Fred Pettersen**  
**508 Teak Dr.**  
**Lake Park, FL. 33403**  
10. Name and Address of New Registered Agent  
81 Name **KENNETH LIEBERMAN CPA**  
82 Street Address (P.O. Box Number is Not Acceptable) **4400 Sample Road #114**  
83  
84 City **Coconut Creek** FL 85 Zip Code **33073**

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]* **9/9/97**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1 **David McVinney** ☒ DELETE **Secretary**  
**529 Sunset Road**  
**West Palm Beach, FL 33401**  
2 **President** ☒ DELETE  
**Fred H. Pettersen**  
**508 Teak Dr.**  
**Lake Park, FL 33403** ☐ DELETE  
3 ☐ DELETE  
4 ☐ DELETE  
5 ☐ DELETE  
6 ☐ DELETE  
1.1 TITLE **President/Secretary** ☐ Change ☒ Addition  
1.2 NAME **Louise Shervan**  
1.3 STREET ADDRESS **4400 W. Sample Road #114**  
1.4 CITY-ST-ZIP **Coconut Creek, FL. 33073**  
2.1 TITLE **000002291070-7**  
2.2 NAME **-09/11/97-01105-022**  
2.3 STREET ADDRESS **\*\*\*\*\*62.50**  
2.4 CITY-ST-ZIP **\*\*\*\*\*62.50**  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **9/9/97** **954-971-8020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMENDED

FILED

97 SEP 11 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (12/95)

SEP 11 1997