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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

P96000043108 (5)

PINEAPPLE GROVE COUNSELING CENTER, INC.

## **FILED** Apr 10 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address		+		H, BENY BYBOR (ING) HIGH	L OLITY YOK IRAS
234 NE FIRST AVENUE DELRAY BEACH FL 33444		234 NE FIRST AVENUE	234 NE FIRST AVENUE DELRAY BEACH FL 83444-9715				
DEPUT DE	WITE COTT				3, Date Incorporated or Qualified 05/13/1996	3a. Date of La	st Report
<del></del>		2a, Mailing Address	2a, Mailing Address		4. FEI Number		Applied For
21		26					Not Applicable
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
Crty & State		City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip	Country	Zip	Country	:	8. This corporation has liability for		ler s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
10	BERT, MICHAEL		81	Name			
	14 NE FIRST AVENUE		82 Street A		Address (P.O. Box Number is Not Acceptable)		
	ELRAY BEACH FL 33444		-				
<b>.</b>			63				
			84	City		85	Zip Code
					<u>at la la la Aliantesa.</u>	FL	and the same of th
agent. J	· ·	oligations of, Section 607.0505,	Florida Statutes		poration submits this statement for the plan's board of directors. I thereby access	The server	
	Signature, typed or printed name of registered		IOTE: Registered Agen	nt signature requi		DATE	TODE IN 19
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	nt signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
<b>12.</b> Title	Signature, typed or printed name of registered OFFICERS		13. 1.1 TITLE	nt signalure requi			
12. Title Name	OFFICERS D  LOBERT, MICHAEL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ERS AND DIREC	
<b>1Z.</b> Title Name Street address	OFFICERS A  OFFICERS A  OFFICERS A  LOBERT, MICHAEL  17 NE 6TH AVENUE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS		ERS AND DIREC	
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I do 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 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 alachment with an address.