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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600043108

1. Corporation Name

PINEAPPLE GROVE COUNSELING CENTER, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90063 004 ***150.00



					<u> </u>		
Principal Place	of Business	Mailing Address			110000		
234 NE FIRST AVENUE 234 NE FIRST AVENUE							
DELRAY BEACH	FL 33444	DELRAY BEACH FL 33444			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/13/1996		
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number	T Ac	oplied For
─ , `	ace of business	Fi '			NOT APPLICABLE	-+-	ot Applicable
21		Suite, Apt. #, etc.			_ \$8.75 A		
		27]			5. Certificate of Status Desired		equired=
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	•	to Fees
Zip Country		Zip Country		,	8. This corporation owes the current year Intang	ible	
24	25 29 30]			Yes	□No
	9. Name and Address of Current		<u>'</u> —		10. Name and Address of New Registered Ag	ent	
_			81	Name	•		
LOBERT, MICHAEL			-	04	(D.O. Day Number in Not Accordable)		· · · · · · · · · · · · · · · · · · ·
234 NE FIRST AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)]
	RAY BEACH FL 33444		83				
			84	City	FL	85 Zip	Code
			<u> </u>			anging its	registered
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					d when reinstating) DATE		}
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 2. OFFICERS AND DIRECTORS 13.				nt signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
12.		D DIRECTORS DELETE	1,1 TITLE			☐ Change	Addition
TITLE	D	C DEECTE			<u>-</u>		_
NAME	LOBERT, MICHAEL		1.2 NAME				
STREET ADDRESS	17 NE 6TH AVENUE			TADDRESS	·		ļ
CITY-ST-ZIP	DELRAY BEACH FL 33444			ST-Z)P		Change	Addition
TITLE	D	□ nere ie	2.1 TITLE		_] 0:101.90	
NAME	Lobert, Olga		2.2 NAME				
STREET ADDRESS	17 NE 6TH AVENUE		2.3 STREE	TADDRESS			Į
OITY-ST-ZIP	=DELRAY_BEACH_FL=33444 ====		2.4 CITY-	ST-ZIP~		Change	- Addison -
TITLE	D	☐ DELETE	3.1 TITLE	Ì	٠] Change	Addition Addition
NAME	HARDMAN, MICHAEL T.		3.2 NAME				{
STREET ADDRESS	1437 CINDY DR		3.3 STREE	TADORESS			
CITY-ST-ZIP	LAKE WORTH FL 33461		3.4. CITY-	ST-ZIP		7.05	
TITLE		☐ DELETE	4.1 TITLE		L	Change	☐ Addition
NAME			4.2 NAME				\
STREET ADDRESS			4.3 STREE	TADDRESS			{
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Ľ] Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			· ·
CITY-ST-ZIP	_		5.4 CITY-5	ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE			Change	☐ Addition }
NAME		,	6.2 NAME				ĺ
STREET ADDRESS			6.3 STREE	TADDRESS			J
CITY-ST-ZIP	,		6.4 CITY-S	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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTY COMMENTS.

Daytime Phone

ne Phone #