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Mar 27 1997 8:00am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



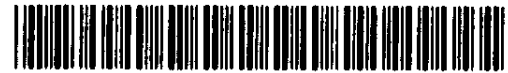
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000064292 (1)

1. Corporation Name  
CHOICES COUNSELING CENTER, INC.

Principal Place of Business  
3892 VICTORIA DRIVE  
WEST PALM BEACH FL 33406

Mailing Address  
3892 VICTORIA DRIVE  
WEST PALM BEACH FL 33406-4997



3. Date Incorporated or Qualified 08/01/1986 3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address  
21 824 U.S. HIGHWAY 1 26 Suite, Apt #, etc.

22 335A 27 City & State  
23 NORTH PALM BEACH, FL 28 City & State

24 33408-3838 25 PALM BEACH 29 Zip 30 Country

4. FEI Number 65-0691597 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

AGNOLUCCI, MARK  
3892 VICTORIA DRIVE  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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	
NAME	AGNOLUCCI, MARK	1.2 NAME	
STREET ADDRESS	3892 VICTORIA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PARKS, ROGER E	2.2 NAME	
STREET ADDRESS	5800 POINSETTIA AVE #2404	2.3 STREET ADDRESS	400 N. A1A #6
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	JUPITER, FL 33477-4555
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 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 attachment with an address.

SIGNATURE:

Roger E. Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

561-775-7771

Date Daytime Phone #

CR2E034 (9/96)