

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000025220

1. Corporation Name

Mental Health Resources, Inc.

Principal Place of Business

Mailing Address

443 NE 195 St.
Ste. 135
Miami Beach, FL 33179

443 NE. 195 St
Ste. 135
Miami, FL 33179

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

Sara A. Kohn
443 NE. 195 St.
Ste. 135
Miami Beach, FL 33179

81 Name

82 Street Address (PO 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 date of appointment

(NOT: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sara A. Kohn		1.2 NAME
STREET ADDRESS	443 N.E. St. Ste 135		1.3 STREET ADDRESS
CITY-ST-ZIP	Miami Beach, FL 33179		1.4 CITY-ST-ZIP
TITLE	VPSD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard M. Kohn		2.2 NAME
STREET ADDRESS	443 N.E. St. Ste. 135		2.3 STREET ADDRESS
CITY-ST-ZIP	Miami, FL 33179		2.4 CITY-ST-ZIP
TITLE	SN	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Carpenter		3.2 NAME
STREET ADDRESS	443 N.E. St. Ste. 135		3.3 STREET ADDRESS
CITY-ST-ZIP	Miami, FL 33179		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
15.00002522671 -05/14/98-01001--038			
***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
PE 5/12			

SIGNATURE: X (Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (305) 652-7387
Daytime Phone #

CR2E034 (10/97)