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

FILED
99 JUN -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025220

1. Corporation Name
MENTAL HEALTH RESOURCES, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 2885 SW 3RD AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL 3
Zip 24 33125 Country 25 USA

2a. Mailing Address
26 443 NE 195 ST
Suite, Apt. #, etc.
27 135
City & State
28 N. MIAMI BEACH, FL
Zip 29 33179 Country 30 USA

4. FEI Number
65-0757946
[ ] 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 owes the current year intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name SARA G. KOHN
82 Street Address (P.O. Box Number is Not Acceptable)
443 NE 195 ST UNIT 135
83
84 City N. MIAMI BEACH FL 85 Zip Code 33179

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: Sara G. Kohn 5/26/99
(Signature, Typed or Printed Name of Registered Agent and Title, if Applicable) (Date) (Attach Separate Listing If More Than One Change)

12. OFFICERS AND DIRECTORS

TITLE	P/D	[ ] DELETE
NAME	SARA G. KOHN	
STREET ADDRESS	443 NE 195 ST #135	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	VP/D	X DELETE
NAME	LEONARD M. KOHN	
STREET ADDRESS	443 NE 195 ST #135	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	S/P	X DELETE
NAME	EVELYN CARPENTER	
STREET ADDRESS	443 NE 195 ST #135	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/S/D	X Change [ ] Add/Delete
12 NAME	600002902776--4	
13 STREET ADDRESS	-06/11/99--01105--003	
14 CITY-ST-ZIP	****150.00 ****150.00	
21 TITLE		[ ] Change [ ] Add/Delete
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add/Delete
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add/Delete
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add/Delete
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add/Delete
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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: Sara G. Kohn 5/26/99 305-593-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone Number)

6/03/99

TO: Division of Corp.
P.O. Box 6327
Tallahassee, FL.

FROM: MENTAL HEALTH
RESOURCES, INC.
443 NE 195 ST.
135
N. Miami, FL. 33179

DOC: P97000025220

This letter is to inform your office of my new principal and mailing address I have indicated such addresses in my 1999 annual Report, due to the new address I did not recieve the 1999 annual Report please accept my application with payment to process form. If you should have any questions please don't hesitate to contact me at the above listed address thank you in advanced for your prompt attention in this matter.

Cordially,
Sara G. Kohn
(President)