

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000002351** 

THE INDIVIDUAL & FAMILY ENHANCEMENT CENTER, INC.

FILED

99 JUN 25 MM 9: 37

SECHETARY OF STATE TALLAMASSEE, FLORIDA



Principal Place	e of Business	Mailing Address					
4360 NORTHLA	4360 NORTHLAKE BLVDST						
PALM BEACH (	SARDENS FL 33418	PALM BEACH GARDENS FL	33418			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	$\neg$
						01/07/1998	ĺ
Deigning D	lose of Business	2a, Mailing Address				4. FEI Number Applied For	$\dashv$
<u></u> '			1055			65-0804675 Not Applicab	10
Suite, Apt.	# sts	Suite, Apt. #, etc.				\$8,75 Additional	
22	#, etc.	27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing 55.00 May Be	
23	•	28				Trust Fund Contribution Added to Fees	ŀ
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	$\dashv$
24	25 29 30			Personal Property Tax.			
24	9. Name and Address of Curre		<u></u>	1		10. Name and Address of New Registered Agent	_
				81	Name a i	0	
GYO	ERKOE, CHRIS D				<u> </u>	uris D. Gyperkae	_
6078 HOLLYWOOD ST.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)  R Adam's St.	
PALI	M BEACH GARDENS FL 33418			83	_001.e	riphwir Ji	$\dashv$
				84	City ~	orter FL 85 Zip Code 33459	- 1
	1	22 and 207 4509 Florida Statuta	- the -	L.L	المالك المستعمد	FL 33458 bration submits this statement for the purpose of changing its registered	$\dashv$
l office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized	d by th	ne corporation	on's board of directors. I hereby accept the appointment as registered	
agent. Fa	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Stat	utes.			
SIGNATURE			<del></del>		×	ed when reinstating) DATE	
}	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agent	ignature requires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	, , , ,	DELETE	1.1.70	T) F	<del></del>	Change Addi	ion
NAME	President Chris D. Gyoerkae		1.2 N			ลกกกกลลล 1 ลิลิลิ <sub>ติร</sub> ์ ลิ	
1	6098 Adams St.				ODRESS	-07/01/9301083014	_
STREET ADDRESS	5048 HOUND 51.	>				****150.00 ****158.00	
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NAME			5.2 N				
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NAME			62 N				
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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 arm are 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:** 

06/10/99

Dear Department of State,

This letter is a plea to wave the \$400.00 dollar penalty fee for late filing.

Please consider that there has recently been several internal changes at THE INDIVIDUAL & FAMILY ENHANCEMENT CENTER, INC. As a result of personal relocation, the paper work regarding THE DIVISION OF CORPORATIONS was thought to be sent out, and instead it was just misplaced.

I realize the seriousness of this mistake and can only say, as the president of the company, I will not let this happen again.

Thank you for your kind consideration in this unfortunate matter.

Sincerely.

Chris D. Gyoerkoe, LMHC