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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

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1. Corporation Name

DETOX, INC.

Principal Flace of Business	Mailing Address	
701 PALMER STREET	701 PALMER STREET	
ORLANDO FL 32801	ORLANDO FL 32801	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 1016 N. MILLS AVE. LOIG N. MILLS AVE Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing FL OPLANDO OPLANDO FL Added to Fees 28 Trust Fund Contribution Country Countr This corporation owes the current year Intangible **Z**No Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JENNIFER DIZON POOLE, WILLIAM F IV, ESQ 82 200 E. ROBINSON STREET **SUITE 1180** 83 ORLANDO FL 32801 City OPLANDO

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, 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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

22/99 red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change Addition DELETE 1.1 TITLE TITLE DIZON, JENNIFER 1.2 NAME NAME 701 PALMER STREET 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Addition DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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, with a lother like empowered.

SIGNATURE:

SQUALLE DE STRING OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

4018987222

Daytime Phone #

CR2E034 (11/98)