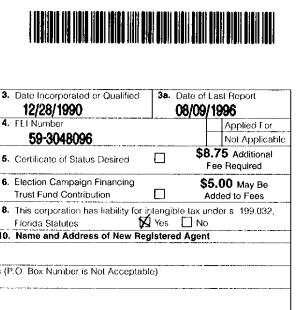
FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT** # (3)BEACHES COUNSELING, INC. Principal Place of Business Mailing Address 645 MAYPORT RD 645 MAYPORT RD STE 1 STE 1 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-9472 3. Date Incorporated or Qualified 12/28/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3048096 21 26 Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired <u> 4++3</u>B 27 City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country 25 Duyd 29 9. Name and Address of Current Registered Agent 24 **⊠** Yes □ No Florida Statutes 10. Name and Address of New Registered Agent KLEIN, LYNN 81 Name 845 MAYPORT RD, STE\$ 3,8℃ Street Address (P.O. Box Number is Not Acceptable) 82 ATLANTIC BCH FL 32233 83 84 City 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, typod or printed name of registered agent and trie if applicable (NOTE Hegistered Agent's gnature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TO LE Change KLEIN, LYNN NAME 1.2 NAME 645 MAYPORT RD, STE4 362 STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 1.4 CHY-S1-ZIP DELETE Change TITLE 2.1 HILE LOWERY, C.C. NAME 2.2 NAME

May 05 1997 8:00am Secretary of State



(96/6)

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Addition

Addition

645 MAYPORT RD, STE €352 STREET ADDRESS 2.3 \$1REE1 ADDRESS ATLANTIC BEACH FL CITY-ST-2IP 2. 4 CITY - ST - ZIP DELFTE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - Z(P DELETE TITLE Change Addition 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 Off Y-S1-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the ceiver 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 it changed, or

LYNA L. Kleiw VIDO167-COM