

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S37129** (1)

1. Corporation Name
ADDICTIONS & RELATIONSHIPS, INC.

Principal Place of Business Mailing Address
10211 WEST SAMPLE RD. → 9690 W. SAMPLE RD.
SUITE 212 #203
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 9690 W Sample Rd S203 26 9690 W Sample Rd
22 Suite, Apt. #, etc. 203 27 Suite, Apt. #, etc. 203
23 City & State CORAL SPRINGS 28 City & State CORAL SPRINGS FL
24 Zip 33065 25 Country FL USA 29 Zip 33065 30 Country US

3. Date Incorporated or Qualified 03/12/1991 3a. Date of Last Report 04/05/1994
4. FEI Number 65-0251626 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HENNESSEY, ELIZABETH R.
9690 W SAMPLE RD.
SUITE 203
CORAL SPRINGS FL 33065
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 application) (Date)
_____ (Date) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS BY:	
TITLE	D	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, ELIZABETH R.	1 2 NAME	
STREET ADDRESS	3565 NW 35TH ST.	1 3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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.

SIGNATURE: Elizabeth R. Hennessey 2/29/95 305/345-9042

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Signature)

CR2E094 (3/95)