

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

5-1-96 B-5835-C (0)

DOCUMENT # S61474

1. Corporation Name

UNIVERSAL RECOVERY AND COUNSELING CENTER, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
999 WOODCOCK RD SUITE 208 ORLANDO FL 32803 US		999 WOODCOCK RD SUITE 208 ORLANDO FL 32803 US		06/11/1991	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-3076334	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		Yes No	
23		24		25	
Zip		Country		Zip	
24		25		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOLMASOFF, MARY 9426 WOODBREEZE BLVD. WINDERMERE FL 34786				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P TOLMASOFF, MARY	1.1 TITLE	P TOLMASOFF, MARY
NAME	9426 WOODBREEZE BLVD.	1.2 NAME	2763 SHANNIN DR.
STREET ADDRESS	WINDERMERE FL	1.3 STREET ADDRESS	ST. CLOUD FL. 34771-8708
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(k), 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: *Mary Jane Tolmasoff* MARY-JANE Tolmasoff 892-0868
Date: 5/10/96 Daytime Phone #

CR2E034 (12/95)