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95 MAY -1 PH 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S74338** (2)
1. Corporation Name
LIFESKILLS OF BOCA RATON, INC.

Principal Place of Business Mailing Address
**7301 W PALMETTO PARK RD
STE 300B
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified **08/20/1991** 3a. Date of Last Report **03/29/1994**
4. FEI Number **65-0289283** 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEWIS HOECHSTETTER
7301 A WEST PALMETTO PARK RD
SUITE 300 B
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name **JERRY A. BORISKIN**
82 Street Address (P.O. Box Number is Not Acceptable) **7301A W. PALMETTO PARK ROAD #300B**
83 **LIFESKILLS OF BOCA RATON**
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 Jerry A. Boriskin, Ph.D. DATE 4/23/95
Signature typed or printed of current registered agent and the filer (applicant) NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BORISKIN, JERRY
STREET ADDRESS	7301 A WEST PALMETTO PARK RD STE 300 B
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	HEIKEN, GARY
STREET ADDRESS	7301 A WEST PALMETTO PARK RD STE 300B
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	HOECHSTETTER, LEWIS
STREET ADDRESS	7301 A WEST PALMETTO PARK RD STE 300B
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Jerry A. Boriskin, President DATE 4/12/95 407-392-1199
Signature typed or printed of filer (applicant) and title of filer (applicant) if officer or director