

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V29952 (1)
1. Corporation Name
BEHAVIOR ANALYSTS & CONSULTANTS, INC.



Principal Place of Business 525 CAMDEN AVE. STUART FL 34994	Mailing Address 525 CAMDEN AVE. STUART FL 34994
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3601 SE OCEAN BLVD Suite, Apt. #, etc. 22 102 City & State 23 STUART FL Zip 24 34996		2a. Mailing Address 26 3601 SE OCEAN BLVD Suite, Apt. #, etc. 27 102 City & State 28 STUART FL Zip 29 34996		3. Date Incorporated or Qualified 04/21/1992	
25 USA		30 USA		4. FEI Number 65-0339572 Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHNSON, PH.D., DENNIS L.
525 CAMDEN AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	3601 SE OCEAN BLVD
83	SUITE 102
84 City	STUART FL
85 Zip Code	34996

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DENNIS LEE	1.2 NAME	
STREET ADDRESS	525 CAMDEN AVE.	1.3 STREET ADDRESS	3601 SE Ocean Rd. Suite 102
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART FL 34996
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DONNA E.	2.2 NAME	
STREET ADDRESS	525 CAMDEN AVE.	2.3 STREET ADDRESS	3601 SE Ocean Rd. Suite 102
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART FL 34996
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 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.

SIGNATURE  4/23/98 5:12 PM 1248

CR2E034 (10/97)