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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 1/3 (775

Therapeutic RECREATION EXPERIENCES TIME

FILED May 10, 1999 8:00 am Secretary of State

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24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent JANE BLAIR VICKERS 454 WIND MEADOW CIRCLE ALTAMONTE SPRINGS FL 3370) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, 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, 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 agent and filler agenciable. SIGNATURE Signature, bysed or printed name of registered agent and filler it agenciable. (NOTE: Registered Agent septiative required when rematiting). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE STREET ADDRESS CITY. ST. ZIP DELETE 1.1 TITLE 1.2 TITLE 1.3 TITLE 1.3 TITLE 1.4 CITY. ST. ZIP ALTITION IT SPLINGS 1.4 CITY. ST. ZIP DELETE 2.1 TITLE 2.2 STREET ADDRESS CITY. ST. ZIP DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY. ST. ZIP DELETE 3.3 STREET ADDRESS CITY. ST. ZIP DELETE 3.3 STREET ADDRESS CITY. ST. ZIP ALTITION IT Change Addition AMBE 3.3 STREET ADDRESS CITY. ST. ZIP ALTITION IT Change Addition AMBE 3.3 STREET ADDRESS CITY. ST. ZIP ALTITION IT Change Addition AMBE 3.3 STREET ADDRESS CITY. ST. ZIP								Trust Fund Contribution		Added t	o Fees
9. Name and Address of Current Registered Agent TANE BLAIR VICKEYS 454 WINDMEADOW CIRLLE ALTAMONTE Springs FL 3370] 184 City 195 PL 185 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE SIGNATURE STREET ADDRESS TANE BLAIR VICKEY TANE BLAIR VICKEY 12. TANE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-ZP TITLE TANE BLAIR VICKEY 15. STREET ADDRESS CITY-ST-ZP TITLE DELETE 21. TITLE 22. STREET ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE Change Addition ADDRESS CITY-ST-ZP TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP 34. City - ST-ZP 34. City - ST-ZP ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP 34. CITY-ST-ZP ADDRESS CITY-ST-ZP			 		ountry		-	,	current year		
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## B2 Street Address (P.O. Box Number is Not Acceptable) ## B3 ## City FL 85 Zip Code ## City FL 85 Zip Cod	JANE BL	AIR VICKERS				Nan	ie.				
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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 aparticles, and that my name appears in Block 12 or Block 13 if aparticles, and that my name appears in Block 12 or Block 13 if aparticles, and 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 aparticles are 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 aparticles are 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.

SIGNATURE:

YWE BLAIR VICES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 407 260-2451
Dayline Phone #

R2E034 (11/98)