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

STREET ADDRESS

CIGNATURE:

CITY-ST-ZIP

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) BROWARD COUNSELING CENTER, INC. Principal Place of Business Mailing Address 4642 DAVIE ROAD 4642 DAVIE ROAD CHITE 109 DO NOT WRITE IN THIS SPACE DAVIE PL 33314 DAVIE FL 33314 3. Date Incorporated or Qualified 09/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9950 9950 STIPLING RD STELLING 65-0351517 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 10 27 Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing CITY CITY 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. M Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROESSER, ROBYN J 4411 S.W. 72 WAY Street Address (P.O. Box Number is Not Acceptable) 82 DAVIE Ft. 33314 83 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 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** (NOTE Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition TITLE PRESIDENT ROSENFELD, ALAN 1.2 NAME NAME ZOBYN ROESIEN 3779 NW 91 LANE STREET ADDRESS 1.3 STREET ADDRESS 4621 Grenadine Dr. **SUNRISE FL** CITY-ST-ZIP 1,4 CHTY - ST - ZIP Change Addition 21 TITLE TITLE ROESSER, ROBYN NAME 2.2 NAME 14621 Grenadine 1916 4411 SW 72 WAY STREET ADDRESS 2.3 STREET ADDRESS 41. 3361<u>3</u> DAVIE FL CITY-ST-ZIP 2 4 CITY-ST-7IP Change Addition TITLE 3.1.1111.5 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 4 i TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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 trusted 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.

FILED

4/25/98 (813)933-8623