

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V63675 (5)
1. Corporation Name
RECOVERY ALTERNATIVES FOR PEOPLE, INC.

FILED

97 SEP 24 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10701 66TH STREET NORTH
SUITE 3
PINELLAS PARK FL 34066
12535 66th St. N.
LARGO, FL 33773

Mailing Address
10701 66TH STREET NORTH
SUITE 3
PINELLAS PARK FL 34066
12535 66th St. N.
LARGO, FL 33773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12535 66th St. N.
Suite, Apt. #, etc.
22
City & State
23 Largo, FL
Zip
24 33773
Country
25 Pinellas

2a. Mailing Address
26 12535 66th St. N.
Suite, Apt. #, etc.
27
City & State
28 Largo FL
Zip
29 33773
Country
30 Pinellas

3. Date Incorporated or Qualified
09/11/1992

3a. Date of Last Report
08/05/1996

4. FEI Number
59-3142235

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MICHAELS, THOMAS O.
1370 PINEHURST ROAD
DUNEDIN FL 34698

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

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.

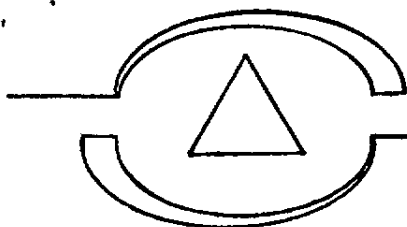
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HUGHES, JAMES C.	1.2 NAME	
STREET ADDRESS	13311 BOCA CIEGA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	HUGHES, R. KELSEY	2.2 NAME	
STREET ADDRESS	13311 BOCA CIEGA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	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 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
SIGNED
THOMAS O. MICHAELS Pres 8/28/97

CR2E034 (4/97)



Recovery
Alternatives for

People, Inc.

September 19 1979

FLORIDA DEPARTMENT OF STATE
ATTN: Andy Dunlap, Document Specialist
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Recovery Alternatives
for People, Inc
Ref #: V63675

Dear Mr. Dunlap:

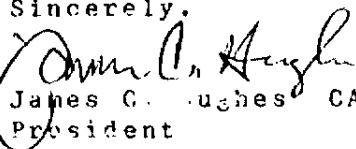
On August 4, 1997 there was a letter of explanation of circumstances included with Check #4344 in the amount of \$165.00 in which was a request to waive the late penalty charge and which was not returned along with said check.

The letter is essentially as follows: the President of the Company James C. Hughes was involved in a very serious and life-threatening accident on January 5, 1997 and has been unable to conduct his business to the present date. The business was forced to shut down and relocate to the address below. The original Document was packed away and overlooked causing the need for late filing and penalty.

We are requesting you consider the above circumstances and waive the late penalty fee. As of this date Mr. Hughes remains on disability with no income. If you are unable to waive the late fees, his company will have no other choice but to allow you to dissolve our corporation and request return of Check #4344.

We do thank you in advance for your kind assistance and consideration in this matter.

Sincerely,


James C. Hughes CAP NCAC II
President

JCH:kh

Discovering New Alternatives to Recovery