

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR 15 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N21804 (2)**

1. Corporation Name  
**THE 12-STEP CENTER, INC.**

Principal Place of Business Mailing Address  
3660 POINCIANA AVE. 3660 POINCIANA AVE.  
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/30/1987</b>	3a. Date of Last Report <b>07/20/1994</b>
4. FEI Number <b>58-1744807</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Oceanview Station</b>
City & State 23	City & State 26 <b>Miami Beach, FL</b>
Zip 24	Country 28
25	Zip 29 <b>33140-9998</b>
	Country 30 <b>Dade</b>

9. Name and Address of Current Registered Agent  
**BETTY M. TODES  
1234 S. DIXIE HWY.  
APT. 143  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81 Name **Alan Reisner**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6460 Sargasso Way**  
83 **Jupiter, FL**  
84 City **Jupiter** 85 Zip Code **FL 33458**

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 *Alan Reisner* **Alan Reisner, Treasurer & Director** DATE **3/10/95**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD MUNDAY, VIRGINIA 5313 COLLINS AVE. APT. 1010 MIAMI BEACH FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VILLANO, DAVID 3660 POINCIANA AVE. COCONUT GROVE FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD REISNER, ALAN 137 S. BABYLON TPK. MERRICK, L.I., N.Y. 11566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BETTY M. TODES, 1234 S. DIXIE HWY. APT. 143 CORAL GABLES FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PVD MUNDAY, VIRGINIA 4000 COLLINS AVE. APT. 406 MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD VILLANO, DAVID 3</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TD REISNER, ALAN 6460 Sargasso Way Jupiter, FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PLEASE DELETE - no longer with corporation</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Munday, Dir* **3/10/95** **305) 534-2762**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICER'S TITLE  
**VIRGINIA MUNDAY, PRES.-DIR.**