

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 706459 (5)**  
1. Corporation Name  
**HAWTHORNE HOUSE, INC.**



Principal Place of Business: 3201 N.E. 29TH ST. FT. LAUDERDALE FL. 33308  
Mailing Address: 3201 N.E. 29TH ST. FT. LAUDERDALE FL. 33308

3. Date Incorporated or Qualified: 11/22/1963  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 59-1114211  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
~~DESSOURDY, EDWARD~~ DELETE  
3201 N E 29TH ST  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent  
81 Name: Weisser, Aaron President  
82 Street Address (P.O. Box Number is Not Acceptable): 3201 NE 29th St. #104  
83 City: Fort Lauderdale, FL 33308  
84 City: Fort Lauderdale, FL 85 Zip Code: 33308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Aaron Weisser DP (Signature, typed or printed name of registered agent and title if applicable) [Signature] (NOTE: Registered Agent signature required when reinstating) 2/16/96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE: VPD	NAME: GERLEY, JOSEPH	STREET ADDRESS: 3201 NE 29 ST #308	CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: TRUOCCHIO, GARY	STREET ADDRESS: 3201 NE 29 ST #305	CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE: PD	NAME: WEISSER, AARON	STREET ADDRESS: 3201 NE 29 ST #104	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	<input checked="" type="checkbox"/> DELETE <i>Now REGISTERED AGENT</i>
TITLE: VPD	NAME: COVIELLO, JOSEPH	STREET ADDRESS: 3201 NE 29 ST #207	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	<input type="checkbox"/> DELETE
TITLE: SD	NAME: ARTHUR, ROBERT	STREET ADDRESS: 3201 NE 29 ST #106	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	<input type="checkbox"/> DELETE <i>SECRETARY</i>
TITLE: TD	NAME: KELLY, EDNA	STREET ADDRESS: 3201 NE 29 ST #308	CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: 2nd VPD	12 NAME: Corley, Joe	13 STREET ADDRESS: 3201 NE 29th St. #306	14 CITY-ST-ZIP: Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: D	22 NAME: Harlan Kimball	23 STREET ADDRESS: 3201 NE 29th St. #102	24 CITY-ST-ZIP: Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE:	32 NAME:	33 STREET ADDRESS:	34 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE:	42 NAME:	43 STREET ADDRESS:	44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE:	52 NAME:	53 STREET ADDRESS:	54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: Treasurer	62 NAME: Nancy B. Hussey	63 STREET ADDRESS: 3201 NE 29th St.	64 CITY-ST-ZIP: Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" 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 119.07(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: [Signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 2/16/96 (Date)  (Daytime Phone #)

CR2E037 (12/95)