

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1963		3a. Date of Last Report 02/20/1996	
21	Suite, Apt. #, etc.			4. FEI Number 59-1114211		Applied For <input type="checkbox"/> Not Applicable	
22	City & State			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	Country	24	25	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27	City & State			28		\$5.00 May Be Added to Fees	
29	Zip	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WEISSER, AARON**  
 3201 NE 29TH STREET  
 SUITE 104  
 FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORLEY, JOE	
STREET ADDRESS	3201 NE 29 ST #306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUOCCHIO, GARY	
STREET ADDRESS	3201 NE 29 ST #305	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMBALL, HARLAN	
STREET ADDRESS	3201 NE 29TH STREET SUITE 102	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COVIELLO, JOSEPH	
STREET ADDRESS	3201 NE 29 ST #207	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, ROBERT	
STREET ADDRESS	3201 NE 29 ST #106	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUSSEY, NANCY B.	
STREET ADDRESS	3201 NE 29TH STREET SUITE 108	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S BALLINGER, MARTHA
5.3 STREET ADDRESS	3201 NE 29 ST # 204
5.4 CITY-ST-ZIP	FT LAUDERDALE, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 REQUIRED *[Signature]* 7/20/97

CR2E037 (4/97)