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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706459

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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* 2 7 4 2 8 9 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1963
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1114211
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEISSER, AARON 3201 NE 29TH STREET SUITE 104 FORT LAUDERDALE FL 33308		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 617.1509, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	CORLEY, JOE	1.2 NAME	WEISSER, AARON
STREET ADDRESS	3201 NE 29 ST #306	1.3 STREET ADDRESS	3201 NE 29TH STREET #104
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D	2.1 TITLE	
NAME	TRUOCCHIO, GARY	2.2 NAME	
STREET ADDRESS	3201 NE 29 ST #305	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VPD
NAME	KIMBALL, HARLAN	3.2 NAME	PAT CORLEY
STREET ADDRESS	3201 NE 29TH STREET SUITE 102	3.3 STREET ADDRESS	3201 NE 29TH ST #306
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VPD	4.1 TITLE	
NAME	COVIELLO, JOSEPH	4.2 NAME	
STREET ADDRESS	3201 NE 29 ST #207	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	BALLINGER, MARTHA	5.2 NAME	
STREET ADDRESS	3201 NE 29 ST, #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	HUSSEY, NANCY B.	6.2 NAME	
STREET ADDRESS	3201 NE 29TH STREET SUITE 108	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-3-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (1/198)