


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997.		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744681 (8)
1. Corporation Name
HABILITATION CENTER FOR THE HANDICAPPED, INC.



Principal Place of Business 22313 BOCA RIO ROAD BOCA RATON FL 33433	Mailing Address 22313 BOCA RIO ROAD BOCA RATON FL 33433-4701
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3. Date Incorporated or Qualified 10/24/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1859543	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRIS, WILLIAM C.
22313 BOCA RIO RD
BOCA RATON FL 33433**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEIGL, RUTH 7402 PANACHE WAY BOCA RATON FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, KAREN L 3757 LONE PINE ROAD DELRAY BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMERANZ, STEVEN 888 E. LAS OLAS BLVD. #150 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNNE, JAMES M. 2374 NW 29 RD BOCA RATON FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAPOSNEKOO, ZELDA 2040 LYNDHURST J DEERFIELD BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FERRIS, WILLIAM 22313 BOCA RIO RD BOCA RATON FL	<input type="checkbox"/> DELETE	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D Feigl, Ruth 7402 Panache Way Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D Morrison, Karen L 3757 Lone Pine Road Delray Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D Pomeranz, Steven 888 E. Las Olas Blvd. #150 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	D Dunne, James M 2374 NW 29th Rd. Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	D Weinstein, Joan 11455 Whisper Sound Dr. Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

CP2E037 (9/96)