

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 750587 (8)**

**DEERFIELD BEACH AUXILIARY OF THE 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

3. Date Incorporated or Qualified: **01/11/1980**  
3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **59-2024495**  
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 [ ]  
2a. Mailing Address: 26 [ ]  
22 Suite, Apt. #, etc.: [ ]  
23 City & State: [ ]  
24 Zip: [ ] 25 Country: [ ]  
29 Zip: [ ] 30 Country: [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

FERRIS, WILLIAM C.  
22313 BOCA RIO ROAD  
BOCA RATON, FL  
BOCA RATON FL 33433

81 Name: [ ]  
82 Street Address (P.O. Box Number Is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAPOSNEKOO, LOUIS	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRACTENBERG, JOSEPH	
STREET ADDRESS	3031 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-2266	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAPOSNEKOO, SYLVIA Z	
STREET ADDRESS	2040 LYNDHURST J	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHUMAN, SELMA	
STREET ADDRESS	2002 UPMINSTER J	
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Louis Saposnekoo - TD 2/15/96 (954) 426-1432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)