

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 # N35834 (3)
1. Corporation Name
PALM HAVEN HOUSE INC.



Principal Place of Business Mailing Address
400 S. DIXIE HIGHWAY SUITE #17 LAKE WORTH FL 33460

3. Date Incorporated or Qualified **12/27/1989** 3a. Date of Last Report **07/07/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	3435 Lake Worth Rd	4. FEI Number	65-0169479	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	City & State	28	Lake Worth, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	Country	29	33461	30	P.B.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISABELL, SANDRA M
3435 LAKE WORTH ROAD
LAKE WORTH FL 33461**

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 _____ 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABELL, SANDRA M	1.2 NAME	
STREET ADDRESS	3435 LAKE WORTH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLING, PEARL	2.2 NAME	
STREET ADDRESS	23443 MARIBELLA CIR. SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	DRAPER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, JEAN H	3.2 NAME	
STREET ADDRESS	140 MONROE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33405	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLING, AL	4.2 NAME	
STREET ADDRESS	23443 MARIBELLA CIR. SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIDMAN, JOYCE	5.2 NAME	
STREET ADDRESS	7096 PINE BLUFF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sandra M Oschell **4-25-96** **407-964-5020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)