

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:47

DOCUMENT # 713689 (8)

1. Corporation Name  
**PALM BEACH HABILITATION CENTER, INC.**

Principal Place of Business Mailing Address  
4522 SOUTH CONGRESS AVENUE 4522 SOUTH CONGRESS AVENUE  
4522 CONGRESS AVE. 4522 CONGRESS AVE.  
LAKE WORTH FL 33461 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1967 3a. Date of Last Report 04/15/1994  
4. FEI Number 59-6213381 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BELOUS-STEVEN  
777 S. FLAGLER DR. SUITE 1200  
WEST PALM BCH., FL 33401

10. Name and Address of New Registered Agent  
81 Name Peter Bretton  
82 Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Dr.  
83  
84 City West Palm Beach, FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Peter Bretton* DATE: 2/28/95

12. OFFICERS AND DIRECTORS  
TITLE S/D  
NAME WILLIAMS, JOHNNY  
STREET ADDRESS 1525 6TH STR  
CITY-ST-ZIP W PALM BCH FL  
TITLE VCD  
NAME BRETON, PETER  
STREET ADDRESS 625 S FLAGLER DR  
CITY-ST-ZIP W PALM BEACH FL 33401  
TITLE -CD  
NAME -BELOUS STEVEN-  
STREET ADDRESS -777 S. FLAGLER DR. SUITE 1200  
CITY-ST-ZIP WEST PALM BCH., FL 33401-  
TITLE TD  
NAME POUST VERON  
STREET ADDRESS 383 VILLA DR. SOUTH  
CITY-ST-ZIP ATLANTIS FL 33462  
TITLE VD  
NAME OBST, HAL  
STREET ADDRESS 7512 W LAKE DR  
CITY-ST-ZIP LK CLARKE SHORES FL  
TITLE P  
NAME PHILIPS, TINA  
STREET ADDRESS 323 LIVE OAK LANE  
CITY-ST-ZIP BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Vice Chairman/D  Change  Addition  
2.2 NAME Babette Wolff  
2.3 STREET ADDRESS 2500 3 Ocean Blvd #3-3C  
2.4 CITY-ST-ZIP Palm Beach, FL 33480  
3.1 TITLE Chairman/D  Change  Addition  
3.2 NAME Peter Bretton  
3.3 STREET ADDRESS 625 N Flagler Dr.  
3.4 CITY-ST-ZIP West Palm Beach, FL 33401  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. This hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this 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 authorized agent 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 applicable.

SIGNATURE: *Peter Bretton* DATE: 2/28/95, 4076592500