

**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 # 713689 (8)  
1. Corporation Name

**PALM BEACH HABILITATION CENTER, INC.**



Principal Place of Business: 4522 SOUTH CONGRESS AVENUE, LAKE WORTH FL 33461  
Mailing Address: 4522 SOUTH CONGRESS AVENUE, LAKE WORTH FL 33461

3. Date Incorporated or Qualified: 11/22/1967  
3a. Date of Last Report: 03/07/1995

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

4. FEI Number: 59-6213381  
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

9. Name and Address of Current Registered Agent  
**BRETON, PETER  
625 NORTH FLAGLER DR.  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
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: *Peter A. Breton* DATE: 4/15/96

12. OFFICERS AND DIRECTORS

TITLE	S	DELETED
NAME	WILLIAMS, JOHNNY	
STREET ADDRESS	1525 6TH STR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VCD	DELETED
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD. #3-3C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	CD	DELETED
NAME	BRETON, PETER	
STREET ADDRESS	625 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	DELETED
NAME	POUST VERON	
STREET ADDRESS	383 VILLA DR. SOUTH	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	VD	DELETED
NAME	OBST, HAL	
STREET ADDRESS	7512 W LAKE DR	
CITY-ST-ZIP	LK CLARKE SHORES FL	
TITLE	P	DELETED
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	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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. 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: *Peter A. Breton* DATE: 4/15/96

CR2E037 (12/95)