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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33461-4709

3. Date Incorporated or Qualified 11/22/1967 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-6213381 Applied For Not Applicable

5. Certificate of Status Desired [X] \$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

10. Name and Address of New Registered Agent

~~BRETON, PETER~~
625 NORTH FLAGLER DR.
~~WEST PALM BEACH FL 33461~~

81 Name WOLFF, Babbette
82 Street Address (P.O. Box Number is Not Acceptable) 2500 So. Ocean Blvd, #3-3C
83
84 City Palm Beach FL 85 Zip Code 33480

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 *Babbette Wolff* (NOTE: Registered Agent signature required when reinstating) DATE 1/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHNNY	
STREET ADDRESS	1525 6TH STR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VGD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD. #3-3C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BRETON, PETER	
STREET ADDRESS	625 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POUST VERON	
STREET ADDRESS	363 VILLA DR. SOUTH	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OBST, HAL	
STREET ADDRESS	7512 W LAKE DR	
CITY-ST-ZIP	LK CLARKE SHORES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PHILIPS, TINA	
STREET ADDRESS	323 LIVE OAK LANE	
CITY-ST-ZIP	BOYNTON BCH FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CD WOLFF, BABBETTE
2.3 STREET ADDRESS	2500 S. Ocean Blvd, #3-3C
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VCD MILLER, BEVERLEE
3.3 STREET ADDRESS	9125 Dundee Drive
3.4 CITY-ST-ZIP	Lake Worth, FL 33467
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 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: *Tina Philips* PHILIPS DATE 1/21/97 (SGL) 965-8500 DAYTIME PHONE # 0043631

CR2E037 (9/96)