

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713689 (8)
 T. Corporation Name
PALM BEACH HABILITATION CENTER, INC.



Principal Place of Business 4522 SOUTH CONGRESS AVENUE 4522 CONGRESS AVE. LAKE WORTH FL 33461	Mailing Address 4522 SOUTH CONGRESS AVENUE 4522 CONGRESS AVE. LAKE WORTH FL 33461
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3. Date Incorporated or Qualified 11/22/1967	
4. FEI Number 59-6213381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WOLFF, BABBETTE
2500 S OCEAN BLVD #3-3C
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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* **BABBETTE WOLFF-CHAIRMAN** **1/26/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHNNY	
STREET ADDRESS	1525 6TH STR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD. #3-3C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MILLER, BEVERLEE	
STREET ADDRESS	9125 DUNDEE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" 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	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD FLAMM, ALEC
4.3 STREET ADDRESS	2000 S. Ocean Blvd, #305N Palm Beach, FL 33480
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD CARROLL, MATT
5.3 STREET ADDRESS	320 Fairway Court Atlantis, FL 33462
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 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** **1/26/98** **(56) 9658500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/97)