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**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-28-1999 90003 045 \*\*\*\*\*70.00

**DOCUMENT # 713689**

1. 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

11/22/1967

4. FEI Number

59-6213381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/99

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 type="checkbox"/> DELETE
NAME	FLAMM, ERIC	
STREET ADDRESS	2000 S. OCEAN BLVD. #305N	
CITY-ST-ZIP	PALM BEACH FL 33480	
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 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 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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Babbette Wolff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (651) 965-8500

Date Daytime Phone #

CR2E037 (11/98)