

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736202 (3)**  
1. Corporation Name  
**BOCA RATON HABILITATION CENTER AUXILIARY, INC.**



Principal Place of Business <b>22313 BOCA RIO ROAD P O BOX 458 BOCA RATON FL 33429</b>	Mailing Address <b>22313 BOCA RIO ROAD P O BOX 458 BOCA RATON FL 33429-0458</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/24/1976</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1712983</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FERRIS, WILLIAM C. 22313 BOCA RIO RD. BOCA RATON FL 33433</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GIUSTO, ALBERT	1.2 NAME	
STREET ADDRESS	275 HIGH POINT COURT APT. C SEC. 4A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SMITH, GLORIA	2.2 NAME	
STREET ADDRESS	5021 A NESTING WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	STANLEY SCHRAGER	3.2 NAME	
STREET ADDRESS	9440 SW 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	HOYT, LORRAINE	4.2 NAME	
STREET ADDRESS	823 S.E. 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	CARSON, FLORENCE	5.2 NAME	
STREET ADDRESS	1014 N.W. 7TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	O'BRIEN, DOROTHY	6.2 NAME	
STREET ADDRESS	2899 N.W. 26TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	6.4 CITY-ST-ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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: *Carol Rau* **CAROL RAU** **2/15/97** **495-2563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041913

CR2E037 (9/96)