

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737449 (9)

1. Corporation Name

THE HAVEN, INC.

Principal Place of Business

21441 BOCA RIO ROAD
BOCA RATON FL 33433

Mailing Address

21441 BOCA RIO ROAD
BOCA RATON FL 33433



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1976		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1708452		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

THALER, MANLEY H.
1300 N. FEDERAL HIGHWAY
SUITE 212
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name	Jeanne Miley
82 Street Address (P.O. Box Number is Not Acceptable)	21441 Boca Rio Road
83	
84 City	Boca Raton FL 85 Zip Code 33433

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Executive Director

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP		21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY - ST - ZIP
TITLE	NAME	31 TITLE	32 NAME
NAME	STREET ADDRESS	33 STREET ADDRESS	34 CITY - ST - ZIP
CITY - ST - ZIP		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
NAME	STREET ADDRESS	53 STREET ADDRESS	54 CITY - ST - ZIP
CITY - ST - ZIP		61 TITLE	62 NAME
		63 STREET ADDRESS	64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 407)4830962

CR2E037 (12/95)