

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 # **744681 (8)**
1. Corporation Name
HABILITATION CENTER FOR THE HANDICAPPED, INC.



Principal Place of Business: **22313 BOCA RIO ROAD BOCA RATON FL 33433**
Mailing Address: **22313 BOCA RIO ROAD BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **10/24/1978**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1859543	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERRIS, WILLIAM C. 22313 BOCA RIO RD BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	S	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEIGL, RUTH			1.2 NAME			
STREET ADDRESS	7402 PANACHE WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, KAREN L			2.2 NAME	Morrison, Karen L		
STREET ADDRESS	3757 LONE PINE ROAD			2.3 STREET ADDRESS	3757 Lone Pine Road		
CITY-ST-ZIP	DELRAY BEACH FL			2.4 CITY-ST-ZIP	Delray Beach, FL		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POMERANZ, STEVEN			3.2 NAME			
STREET ADDRESS	888 E. LAS OLAS BLVD. #150			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	300001817183		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNNE, JAMES M.			4.2 NAME			
STREET ADDRESS	2374 NW 29 RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	**70.00		
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPOSNEKOO, ZELDA			5.2 NAME	Saposnekoo, Zelda		
STREET ADDRESS	2040 LYNTHURST J			5.3 STREET ADDRESS	2040 Lynthurst J		
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-ST-ZIP	Deerfield Beach, FL		
TITLE	MED	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRIS, WILLIAM			6.2 NAME			
STREET ADDRESS	22313 BOCA RIO RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			6.4 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: *Ruth Feigl* (Signature and typed name of signing officer or director)
 Ruth Feigl, Sec.
 Date: **4/18/96**
 Daytime Phone #: **407 483-4200**

CR2E037 (12/95)