


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 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 # 744681 (8)**  
1. Corporation Name  
**HABILITATION CENTER FOR THE HANDICAPPED, INC.**



Principal Place of Business <b>22313 BOCA RIO ROAD BOCA RATON FL 33433</b>	Mailing Address <b>22313 BOCA RIO ROAD BOCA RATON FL 33433-4701</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>10/24/1978</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>59-1859543</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> 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**

**FERRIS, WILLIAM C.**  
**22313 BOCA RIO RD**  
**BOCA RATON FL 33433**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEIGL, RUTH</b>	1.2 NAME	<b>Feigl, Ruth</b>
STREET ADDRESS	<b>7402 PANACHE WAY</b>	1.3 STREET ADDRESS	<b>7402 Panache Way</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, KAREN L</b>	2.2 NAME	<b>Morrison, Karen L</b>
STREET ADDRESS	<b>3757 LONE PINE ROAD</b>	2.3 STREET ADDRESS	<b>3757 Lone Pine Road</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POMERANZ, STEVEN</b>	3.2 NAME	<b>Pomeranz, Steven</b>
STREET ADDRESS	<b>888 E. LAS OLAS BLVD. #150</b>	3.3 STREET ADDRESS	<b>888 E. Las Olas Blvd, #150</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNNE, JAMES M.</b>	4.2 NAME	<b>Dunne, James M</b>
STREET ADDRESS	<b>2374 NW 29 RD</b>	4.3 STREET ADDRESS	<b>2374 NW 29th Rd.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAPOSNEKOO, ZELDA</b>	5.2 NAME	<b>Weinstein, Joan</b>
STREET ADDRESS	<b>2040 LYNDHURST J</b>	5.3 STREET ADDRESS	<b>11455 Whisper Sound Dr.</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>
TITLE	<b>MEM</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRIS, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>22313 BOCA RIO RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	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: \_\_\_\_\_ DATE: **2/18/97**

CF2E037 (9/96)