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Secretary of State

02-19-1999 90078 041 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 744681

1. Corporation Name
HABILITATION CENTER FOR THE HANDICAPPED, INC.

77017-90078-41

Principal Place of Business
 22313 BOCA RIO ROAD
 BOCA RATON FL 33433

Mailing Address
 22313 BOCA RIO ROAD
 BOCA RATON FL 33433



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/24/1978	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-1859543	
24. Country		29. Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/>	
FERRIS, WILLIAM C.				\$8.75 Additional Fee Required	
22313 BOCA RIO RD				6. Election Campaign Financing <input type="checkbox"/>	
BOCA RATON FL 33433				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERRIS, WILLIAM C.				81 Name			
22313 BOCA RIO RD				82 Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33433				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <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	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISON, KAREN L		2.2 NAME		
STREET ADDRESS	3757 LONE PINE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POMERANZ, STEVEN		3.2 NAME		
STREET ADDRESS	ONE WEST CAMINO REAL BLVD., #205		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D <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		
TITLE	D <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINSTEIN JOAN		5.2 NAME		
STREET ADDRESS	11455 WISPER SOUND DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: W. C. Ferris **SIGNATURE REQUIRED** William C. Ferris 1/20/99 561-483-4200
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/198)