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Mar 10 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # 746600 (6)

1. Corporation Name
 PARENT-CHILD CENTER, INC.



Principal Place of Business Mailing Address
 2500 METROCENTRE BLVD., SUITE 3 WEST PALM BEACH FL 33407
 2500 METROCENTRE BLVD., SUITE 3 WEST PALM BEACH FL 33407-3190

3. Date Incorporated or Qualified 04/03/1979
 3a. Date of Last Report 02/12/1996

| | | | |
|--------------------------------|-----------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1964034 | Applied For Not Applicable |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 Zip | 25 Country | 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

KLEIN, STUART B
 1551 FORUM PLACE
 SUITE 400-B
 WEST PALM BEACH FL 33401

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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | YOUNG, JUDITH | |
| STREET ADDRESS | 168 E INLET DR | |
| CITY-ST-ZIP | PALM BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LECLAIR, CHARLES R. | |
| STREET ADDRESS | 1150 WOODCREST RD., WEST | |
| CITY-ST-ZIP | WEST PALM BCH. FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERTISCH, ROBERT | |
| STREET ADDRESS | 224 DATURA ST HARVEY BLDG #301 | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MIDDLETON, PAM | |
| STREET ADDRESS | 514 FOURTH ST | |
| CITY-ST-ZIP | LK PARK FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOYCE, MICHELLE G | |
| STREET ADDRESS | 2080 TARRAGON RD | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Michelle G. Boyce*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 561-688-9113
 Date Daytime Phone # 0040486

CR2E037 (9/96)