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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746600

1. Corporation Name

PARENT-CHILD CENTER, INC.

Principal Place of Business

2500 METROCENTRE BLVD., SUITE 3
 WEST PALM BEACH FL 33407

Mailing Address

2500 METROCENTRE BLVD., SUITE 3
 WEST PALM BEACH FL 33407



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/03/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1964034	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JUDITH	1.2 NAME	Roger K. Wille, Palm Bch. Shores P.D.
STREET ADDRESS	168 E INLET DR	1.3 STREET ADDRESS	247 Edwards Lane
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach Shores, FL 33404
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECLAIR, CHARLES R.	2.2 NAME	Kevin Massey
STREET ADDRESS	1150 WOODCREST RD., WEST	2.3 STREET ADDRESS	3213 Vincent Rd.
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTISCH, ROBERT	3.2 NAME	Renee Constantino
STREET ADDRESS	224 DATURA ST HARVEY BLDG #301	3.3 STREET ADDRESS	909 Fern St.
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, PAM	4.2 NAME	
STREET ADDRESS	514 FOURTH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LK PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, MICHELLE G	5.2 NAME	
STREET ADDRESS	2080 TARRAGON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  Renee Constantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 561-832-3755

Date Daytime Phone #

CR2E037 (11/98)

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