

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 20 10 0 29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 752328 (5)
1. Corporation Name
HOUSING FOR HANDICAPPED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
16158 S. MILITARY TRAIL DELRAY BCH FL 33484-3501
16158 S. MILITARY TRAIL DELRAY BCH FL 33484-3501

3. Date Incorporated or Qualified 05/05/1980
3a. Date of Last Report 02/03/1994
4. FEI Number 59-1519622
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
SPEICHER, JOSEPH S.
16158 S. MILITARY TRAIL
DELRAY BEACH FL 33484-3501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LINVILLE, BILLIE
STREET ADDRESS	50 SE 12TH STREET #241
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	HAYNES, KEITH, MD
STREET ADDRESS	180 S.E. 6TH AVE.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VD
NAME	RUBIN, KENNETH S.
STREET ADDRESS	4251 BRANDON DR.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	TD
NAME	TRIESTE, J. ALEXANDER
STREET ADDRESS	399 N.W. 2ND AVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUBIN, KENNETH S.
3.3 STREET ADDRESS	4251 BRANDON DR.
3.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in an attachment with explanation.

SIGNATURE: *Kenneth S. Rubin* (Kenneth S. Rubin) 1/11/95 (407) 274-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number