

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 25 1997 8:00am  
Secretary of State

PROFIT 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 # **H66882** (2)

1. Corporation Name  
**THE CENTER OF OSCEOLA, INC.**

Principal Place of Business <b>10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411</b>	Mailing Address <b>10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411-4338</b>
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2. Principal Place of Business <b>21 13679 SE Federal Hwy</b> Suite, Apt. #, etc. <b>22 Tequesta, FL 33469</b> City & State <b>23</b> Zip <b>24</b>		2a. Mailing Address <b>26 18679 SE Federal Hwy</b> Suite, Apt. #, etc. <b>27 Tequesta, FL 33469</b> City & State <b>28</b> Zip <b>29</b>		3. Date Incorporated or Qualified <b>07/17/1985</b>		3a. Date of Last Report <b>05/01/1996</b>	
				4. FEI Number <b>59-2575495</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country <b>25 Martin</b>		Country <b>30 Martin</b>					

9. Name and Address of Current Registered Agent

**BALCH, PATRICIA  
10323 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name	<b>Rubenfeld, Daren, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>18679 S.E. Fed. Hwy.</b>
83	
84 City	<b>Tequesta</b>
85 Zip Code	<b>FL 33469</b>

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: *[Signature]* **DAREN RUBENFELD** DATE: **4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT L.</b>	1.2 NAME	<b>Robert L. Miller</b>
STREET ADDRESS	<b>10397 SOUTHERN BLVD</b>	1.3 STREET ADDRESS	<b>18679 SE Federal Hwy</b>
CITY-ST-ZIP	<b>ROYAL PALM BCH. FL</b>	1.4 CITY-ST-ZIP	<b>Tequesta, FL 33469</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALCH, PATRICIA</b>	2.2 NAME	<b>Jim Zboril</b>
STREET ADDRESS	<b>10323 SOUTHERN BLVD</b>	2.3 STREET ADDRESS	<b>18679 SE Federal Hwy</b>
CITY-ST-ZIP	<b>ROYAL PALM BCH. FL</b>	2.4 CITY-ST-ZIP	<b>Tequesta, FL 33469</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Rubenfeld, Daren</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>18679 SE Federal Hwy, Tequesta, FL 33469</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Austin, Christopher</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>18679 SE Federal Hwy, Tequesta, FL 33469</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DAREN RUBENFELD** DATE: **4/15/97** 561-743-0014

CR2E034 (9/96)