


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27105** (8)
1. Corporation Name
FLORIDA CENTER FOR THE HANDICAPPED, INC.

Principal Place of Business 910 OAKFIELD DR STE 203 BRANDON FL 33511 US	Mailing Address 750 W. LUMSDEN BRANDON FL 33511
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/23/1988	4. FEI Number 59-2898151	Applied For Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLIFTON C. CURRY
750 W. LUMSDEN
BRANDON FL 33511**

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	TD	1.1 TITLE	TD
NAME	MIRA, CHRIS M.	1.2 NAME	MIRA, CHRIS M.
STREET ADDRESS	2314 MEDFORD LANE	1.3 STREET ADDRESS	1501 Crest Court
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	SD	2.1 TITLE	SD
NAME	MIRA, PATRICIA L.	2.2 NAME	MIRA, PATRICIA L.
STREET ADDRESS	2314 MEDFORD LANE	2.3 STREET ADDRESS	1501 Crest Court
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	PD	3.1 TITLE	
NAME	KELLY, DANIEL	3.2 NAME	
STREET ADDRESS	1401 MONTY LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MARTIN, WAYNE	4.2 NAME	
STREET ADDRESS	6104 WEBB ROAD, APT 1011	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	KELLY, MARY	5.2 NAME	
STREET ADDRESS	1401 MONTY LAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

[Signature]

4/16/98

CR2E037 (10/97)