


Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005165 (3)					
1. Corporation Name HALS GROUP HOME, INC.					
Principal Place of Business 20335 WILKIE AVE PORT CHARLOTTE FL 33954			Mailing Address 20335 WILKIE AVE PORT CHARLOTTE FL 33954-2948		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		25		30 Country	
9. Name and Address of Current Registered Agent					
HALS, CATHERINE 20335 WILKIE AVE PORT CHARLOTTE FL 33954					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Catherine Hals (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
TITLE		D		1.1 TITLE	
NAME		HALS, CATHERINE		1.1 NAME	
STREET ADDRESS		20335 WILKIE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP		PORT CHARLOTTE FL 33954		1.4 CITY-ST-ZIP	
TITLE		D		2.1 TITLE	
NAME		HALS, IAN		2.2 NAME	
STREET ADDRESS		20335 WILKIE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP		PORT CHARLOTTE FL 33954		2.4 CITY-ST-ZIP	
TITLE		D		3.1 TITLE	
NAME		STOLL, CHRISTINA		3.2 NAME	
STREET ADDRESS		20335 WILKIE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP		PORT CHARLOTTE FL 33954		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				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 do hereby certify that the information supplied with this filing does not qualify for the exemption statement indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					