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Mar 19 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 # P36500 (7)

1. Corporation Name

CONTINUUM CARE CORPORATION

Principal Place of Business

Mailing Address

2401 PGA BOULEVARD
SUITE 146
PALM BEACH GARDENS FL 33410
US

2401 PGA BOULEVARD
SUITE 146
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

2a. Mailing Address

21 2401 PGA BLVD.

26 2401 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Bch. Gardens

Zip

Zip

24 33410

29 33410

Country

30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

58-1865045

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

FAGO, ELIZABETH
2401 PGA BOULEVARD
SUITE 146
PALM BEACH GARDENS FL 33410

81 Name ROBERT LEE SHAPIRO

82 Street Address (P.O. Box Number is Not Acceptable)

2401 PGA BLVD

83 Suite 272

84 City Palm Bch. Gardens FL 85 Zip Code 33410

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

ROBERT LEE SHAPIRO

2/23/98

12. OFFICERS AND DIRECTORS

TITLE PD FAGO, ELIZABETH DELETE

NAME 2401 PGA BLVD, STE. 146
STREET ADDRESS PALM BEACH GARDENS FL 33410
CITY-ST-ZIP

TITLE ST STEVENS, W. JAMES DELETE

NAME 2401 PGA BLVD, STE. 146
STREET ADDRESS PALM BEACH GARDENS FL 33410
CITY-ST-ZIP

TITLE TD VARNES, COLIN K DELETE

NAME 2401 PGA BLVD, STE. 146
STREET ADDRESS PALM BEACH GARDENS FL 33410
CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD SUSAN DYER Change Addition

1.2 NAME 2401 PGA BLVD #

1.3 STREET ADDRESS Palm Beach Gardens, FL 33410

1.4 CITY-ST-ZIP

2.1 TITLE ST COLIN K. VARNES Change Addition

2.2 NAME 2401 PGA BLVD, SUITE #

2.3 STREET ADDRESS Palm Bch. Gardens, FL 33410

2.4 CITY-ST-ZIP

3.1 TITLE TD DAVID DODSON # Change Addition

3.2 NAME 2401 PGA BLVD. #

3.3 STREET ADDRESS Palm Beach Gardens, FL 33410

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: SUSAN DYER IX CHAIRMAN 2/20/98 561-626-5300

CP2E037 (10/97)