

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90013 032 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

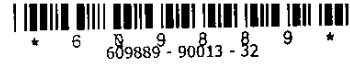
**DOCUMENT # 705017**

1. Corporation Name

**UNITY OF THE PALM BEACHES, INC.**

Principal Place of Business  
 1957 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401

Mailing Address  
 1957 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1957 S. Flagler Dr.	26	Same	01/03/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-0914216	
Applied For		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Not Applicable		<input type="checkbox"/>		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
22. City & State		27. City & State		28. City & State	
W. Palm Beach, FL					
23. Zip		29. Zip		30. Country	
33401				USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARKUS, LA VINA 1957 S FLAGLER STREET WEST PALM BEACH FL 3401				81 Name: Diane Robinson			
				82 Street Address (P.O. Box Number is Not Acceptable): 1957 S. Flagler Dr			
				83			
				84 City: W. Palm Beach FL 85 Zip Code: 33401			

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: *Diane Robinson* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, CRAIG	1.2 NAME	President
STREET ADDRESS	34 DORCHESTER CIR	1.3 STREET ADDRESS	STAN LIEBLA
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	3186 Midden Rd WPB, FL 33406
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPE JULIUS	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	101 N SEQUOIA DRIVE	2.3 STREET ADDRESS	DAVID ALBEE
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	6130 Sherwood Glenway #7 WPB, FL 33415
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, ED	3.2 NAME	Treasurer
STREET ADDRESS	1675 PALM BCH LAKES B1 #700	3.3 STREET ADDRESS	Ed Holland
CITY-ST-ZIP	WPB FL	3.4 CITY-ST-ZIP	100-7 Sparrow Dr. Royal Palm Beach, FL 33411
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBLA, STAN	4.2 NAME	Secretary
STREET ADDRESS	3186 MADDEN RD	4.3 STREET ADDRESS	Bonnie Lambert
CITY-ST-ZIP	WPB FL	4.4 CITY-ST-ZIP	217 Lake Arbor Dr Lake Worth, FL 33461
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 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, with all other like empowered.

SIGNATURE: *Diane Robinson* REQUIRED  
 DATE: 8/23/99 DAYTIME PHONE #: 561 833-6483

CR2E037 (5/99)