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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709604 (3)

1. Corporation Name
PALM BEACH COUNTY BAR ASSOCIATION, INC.



Principal Place of Business C/O SERVICO CENTRE EAST #302 1601 BELVEDERE RAOD WEST PALM BEACH FL 33406 US	Mailing Address C/O SERVICO CENTRE EAST #302 1601 BELVEDERE RAOD WEST PALM BEACH FL 33406-1541 US
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3. Date Incorporated or Qualified 09/17/1965	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1846990	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BEER, JERALD S.
515 N. FLAGLER DR.
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BREWER, CAROL
STREET ADDRESS	145 EDGEWOOD RD.
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D S <input type="checkbox"/> DELETE
NAME	KRANZ, MICHAEL T.
STREET ADDRESS	505 S. FLAGLER DR.
CITY-ST-ZIP	W PALM BEACH FL
TITLE	JV <input type="checkbox"/> DELETE
NAME	WHITE, JOHN G
STREET ADDRESS	1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	D T <input type="checkbox"/> DELETE
NAME	DOWNEY, EDWARD
STREET ADDRESS	400 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WOCOMI, MICHAEL A.
STREET ADDRESS	250 AUSTRALIAN AVE S.
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAWKINS, SCOTT G
STREET ADDRESS	505 S FLAGLER DR
CITY-ST-ZIP	W PLM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Any L. Smith
1.4 CITY-ST-ZIP	1645 Palm Beach Lakes Blvd. W Palm Beach, FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Andrew deGraffenreid
2.4 CITY-ST-ZIP	600 W. Blue Heron Blvd. Riviera Beach, FL 33404
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 a subsequent filing with an address.

SIGNATURE: _____ **2/15/97** **641682-2800**

CR2E037 (9/96)