

FILE NOW: FILING FEE IS \$61.25

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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 # **722248** (2)
1. Corporation Name
CERAMIC LEAGUE OF THE PALM BEACHES, INC.

Principal Place of Business P.O. BOX 14792 NORTH PALM BEACH FL 33408 US	Mailing Address P.O. BOX 14792 NORTH PALM BEACH FL 33408 US
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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 12/10/1971
4. FEI Number 23-7200978
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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DITTMER ROBERT 1210 GATEWAY RD #6 LAKE PARK FL 33403	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 815 Second Court 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURECKI, ALICE	1.2 NAME	
STREET ADDRESS	733 WATERWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000 33408	1.4 CITY-ST-ZIP	
TITLE	SMITH, MARJORIE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARJORIE	2.2 NAME	PATRICIA J. MEARS
STREET ADDRESS	128 SEVILLE ROAD	2.3 STREET ADDRESS	130 Cypress Avenue
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	88 Assistant Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MARGERY	3.2 NAME	
STREET ADDRESS	1408 INDIAN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL, 33406	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, LOIS	4.2 NAME	Betty Caudill
STREET ADDRESS	16486 95TH AVE N	4.3 STREET ADDRESS	321 Riverside Drive
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDLACH, ANNA	5.2 NAME	Evelyn Little
STREET ADDRESS	8749 CITATION DR	5.3 STREET ADDRESS	4219 Hyacinth Circle North
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	President	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHL, DELORIS	6.2 NAME	Deloris Kuhl
STREET ADDRESS	185 SEASHORE DRIVE	6.3 STREET ADDRESS	Changes to president
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	165 Seashore Drive Jupiter FL 33417

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Patricia J. Mears* 2-18-98 561-689-4532

CR2E037 (10/97)