

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744176 (9)
 1. Corporation Name
PALM BEACH COUNTY DARTING ASSOCIATION, INC.



Principal Place of Business 700 W. INDUSTRIAL AVE. BOYNTON BEACH FL 33426	Mailing Address 700 W. INDUSTRIAL AVE. BOYNTON BEACH FL 33426
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3. Date Incorporated or Qualified 09/06/1978	3a. Date of Last Report 02/13/1995
4. FEI Number NOT APPLICABLE	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	

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

9. Name and Address of Current Registered Agent
**MOORE, MONICA
 700 W INDUSTRIAL AVE
 BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name MONICA MOORE
82 Street Address (P.O. Box Number is Not Acceptable) 5956-6 CEYLON CT.
83 City West Palm Beach
84 City FL
85 Zip Code 33415

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: Monica Moore 3/14/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HASKELL, BRENDA	
STREET ADDRESS	700 W. INDUSTRIAL AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENDIFF, WARREN	
STREET ADDRESS	5951 WESTFALL DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, MONICA	
STREET ADDRESS	5055 PALM HILL DR #T315	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARREN, FRANK	
STREET ADDRESS	2302 N.W. 15TH WAY #641	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFRANCO, JOHN A	
STREET ADDRESS	813 THIRD AVE., S.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALHO, DONNA	
STREET ADDRESS	1313 COCHRAN DR	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Craig Brown	
1.3 STREET ADDRESS	53 Bentwater Cir.	
1.4 CITY-ST-ZIP	Lantana, FL 33462	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, MONICA	
3.3 STREET ADDRESS	5956-6 CEYLON CT.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
4.1 TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lynne Sansoucie	
4.3 STREET ADDRESS	3041 JACKSON AVE.	
4.4 CITY-ST-ZIP	Greenacres, FL 33463	
5.1 TITLE	LARRY MCCOYUM, DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LARRY MCCOYUM, DIR.	
5.3 STREET ADDRESS	1336 FLAMINGO DRIVE	
5.4 CITY-ST-ZIP	LANTANA, FL 33462	
6.1 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NORMA BREWSTER	
6.3 STREET ADDRESS	4336 Violet Circle.	
6.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Monica Moore 3/14/96 407-790-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)