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Secretary of State

05-04-1999 90192 003 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 746554

1. Corporation Name
PALM BEACH CHAMBER OF COMMERCE, INC.

4 8 4 3 4
 484340 - 90192 - 3

Principal Place of Business Mailing Address
 45 COCOANUT ROW 45 COCOANUT ROW
 PALM BEACH FL 33480 PALM BEACH FL 33480



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0389290
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CLEARY, MARTHA C. 45 COCOANUT ROW PALM BEACH FL 33480	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
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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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, JOHN G.	1.2 NAME	
STREET ADDRESS	312 WORTH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JAMES E., JR.	2.2 NAME	TD LEONE, PAUL N., CPA
STREET ADDRESS	6607 PAMELA LANE	2.3 STREET ADDRESS	THE BREAKERS
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	ONE SOUTH COUNTY ROAD PALM BEACH, FL 33480
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, JESSE D	3.2 NAME	
STREET ADDRESS	1515 N OCEAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, WILLIAM J.	4.2 NAME	
STREET ADDRESS	622 N FLAGLER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, MARTHA C.	5.2 NAME	
STREET ADDRESS	45 COCOANUT ROW	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMADENI, DAVID K.	6.2 NAME	
STREET ADDRESS	230 ROYAL PALM WAY, STE 403	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	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: *MARTHA C. CLEARY* (MARTHA C. CLEARY) 4/27/99 (561)655-3282

CR2E037 (1/198)