


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 # 759111 (8)
1. Corporation Name
JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPORATED



Principal Place of Business 2001 BROADWAY STE - 302 RIVIERA BCH FL 33404 US	Mailing Address 2001 BROADWAY STE - 302 RIVIERA BCH FL 33404 US
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3. Date Incorporated or Qualified 07/13/1981	
4. FEI Number 59-2333738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 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 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

**FLANIGAN, JOHN F.
625 N. FLAGLER DR. 9TH FL
WEST PALM BEACH FL 33402**

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	SD	<input type="checkbox"/> DELETE
NAME	FLANIGAN, JOHN F.	
STREET ADDRESS	625 NORTH FLAGLER DR NINTH FL	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STONE-ST. JOHN, ELLEN	
STREET ADDRESS	2001 BROADWAY, SUITE 302	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IVERS, DAVID	
STREET ADDRESS	100 MARQUETTE DR	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DICKINS, DENISE VEITCH	
STREET ADDRESS	ONE BISCAYNE TOWER, #2100	
CITY-ST-ZIP	MIAMI FL	
TITLE	CED	<input type="checkbox"/> DELETE
NAME	POWERS, BRIAN	
STREET ADDRESS	2328 10TH AVE NORTH 6A	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD DANIEL F. TORK
3.3 STREET ADDRESS	FIDELITY FEDERAL 218 DIATORA ST.
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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 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.

SIGNATURE: *[Signature]* **4/10/98**

CR2E037 (10/97)