FILE	NOW:	<b>FILING</b>	FEE	IS	\$61	.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 761719

(4)

Mailing Address

BUSINESS DEVELOPMENT BOARD OF PALM BEACH COUNTY, INC.

1555 PALM BCH LAKES BLVD STE 155 WEST PALM BEACH FL 33401		STE 155	1555 PALM BCH LAKES BLVD STE 155 WEST PALM BEACH FL 33401							
		THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	33-01		3. Date Incorporated or Qualified 02/03/1982					
<u> </u>			2a. Mailing Address			4. FEI Number		Applied For		
			26			59-2169828		Not Applicable		
· · · · · · · · · · · · · · · · · · ·			Suite, Apt. #, etc.		··-·	5. Certificate of Status Desired	7	Additional Required		
City & State			City & State			Election Campaign Financing     Trust Fund Contribution		May Be		
Zip		Country	Žiρ	Country	1	8. This corporation has liability for inl	tangible tax under s	199.032,		
24	25 29 30					Florida Statutes 🔲 Yes 🔀 No				
	9, Name	and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agent			
				81	Name					
PELTON, ŁARRY L. 1555 PALM BEACH LAKES BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
STE. 15	-			83	1					
		H FL 33401		84				p Code		
or register	reo agent, or	both, in the State of Floric	and 617.1508, Florida Statutes da. Such change was authorized on 617.0503, Florida Statutes.	, the above by the corp	named co oration's	rporation submits this statement for the purpx board of directors. I hereby accept the appoir	ose of changing its r ntment as registered	registered office agent. I am		
SIGNATURE										
12.					nt signature re	quired when zenstating!	DATE			
TITLE	D	OFFICENS AND	MIDELETE	13.	т	ADDITIONS/CHANGES TO OFFIC	<del></del>			
NAME	_	N, THOMAS G III	Morreit	1.2 NAME		SD SCHOOL STREET	Change	Addition Addition		
STREET ADDRESS		ALM BCH LAKES BLVI	n		ADDRESS	SCHWACK, STEVEN				
CITY-ST-ZIP		M BEACH FL		1.4 CITY - 5	T. 7IP	1555 PALM BCH LAKES BLY WEST PALM BEACH FL	ND			
TITLE	CD		<b>∑</b> ]DELETE	2.1 TITLE		TD	Change	X Addition		
NAME	NEEVES	S, JAMES P.	-	2.2 NAME		<del></del>	_ ,	_		
STREET ADDRESS	1555 PA	ARER DALLA BOLL LAVED BLUE			ADDRESS	SCHUPP, RUDY 1555 PALM BCH LAKES BLVD				
CITY-ST-ZIP	W. PALI	M BEACH FL		2 4 CITY-	ST-ZIP	WEST PALM BEACH FL	/D			
TITLE	PD		DELETE	3 1 TITLE		WEGI FAIR DEACH FL	☐ Change	☐ Addition		
NAME		i, larry L		32 NAME	ĺ					
STREET ADDRESS	1555 P/	alm BCH lakes blvi	)	3 3 STREET	ADDRESS					
CITY-ST-ZIP		M BEACH FL		3 4. DHY-	ST-ZIP					
TITLE	CD		DELETE	4 1 TITLE	T	D	<b>A</b> Change	Addition		
NAME		I, WILLIAM	_	4. 2 NAME	-					
STREET ADDRESS		ALM BCH LAKES BLVI	)	4.3 STREET	ADDRESS			ļ		
CITY-ST-2IP		M BEACH FL	Postere	4.4 CITY - S	I - ZIP					
TITLE	TD	IDEA LUIG	DELETE	5 1 TITLE		CD	🔀 Change	Addition		
NAME		NDEZ, LUIS	1165	5 2 NAME						
STREET ADORESS		ALM BEACH LAKES B	LVU	5.3 STREET						
CITY-ST-ZIP TITLE		M BEACH FL	DELETE	5.4 CITY - S	T-ZIP					
NAME	SD	NUI IDDE	LIDELETE	6.1 TITLE		CD	🙀 Change	☐ Addition		
	•	HILIPPE	`	6.2 NAME				1		
STREET ADDRESS		ALM BCH LAKES BLVI	,	6.3 STREET	- 1					
CITY-ST-ZIP	IV. PALI	M BEACH FL		6.4 CITY - S	7-2IP					

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 supplemental performance in supplemental performance in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of tractice entreweres to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attachment with an address.

SIGNATURE:

PRINATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

45-96 (407) (84.240)

CR2E037 (12/95)