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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

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Apr 16, 1999 8:00 am
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DOCUMENT # 761719

1. Corporation Name

BUSINESS DEVELOPMENT BOARD OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
1555 PALM BCH LAKES BLVD STE 155 WEST PALM BEACH FL 33401	1555 PALM BCH LAKES BLVD STE 155 WEST PALM BEACH FL 33401

2. Principal Place of Business	2a. Mailing Address
21 222 Lakeview Avenue	26 222 Lakeview Avenue
Suite, Apt. #, etc. 22 Suite 1200	Suite, Apt. #, etc. 27 Suite 1200
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach FL
Zip / Country 24 33401 25 USA	Zip / Country 29 33401 30 USA

3. Date Incorporated or Qualifed: 02/03/1982

4. FEI Number: 59-2169828 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PELTON, LARRY L.
1555 PALM BEACH LAKES BLVD.
STE. 155
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Avenue

83 Suite 1200

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADAMS, ELAYNE 1555 PALM BCH LAKES BLVD, #155 WEST PALM BEACH FL 33401	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD Wooldridge, Sandra 222 Lakeview Avenue, #1200	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SCHUPP, RUDY 1555 PALM BCH LAKES BLVD W. PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D 222 Lakeview Avenue, #1200	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PELTON, LARRY L. 1555 PALM BCH LAKES BLVD W. PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	222 Lakeview Avenue, #1200	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KNEIP, ROBERT 1555 PALM BEACH LAKES BLVD. W. PALM BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	222 Lakeview Avenue, #1200	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, LUIS 1555 PALM BEACH LAKES BLVD W. PALM BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CD Foland, Sandra 222 Lakeview Avenue, #1200	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'CONNOR, ROBERT 1555 PALM BEACH LAKES BLVD, #155 W. PALM BEACH FL 33401	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	222 Lakeview Avenue, #1200	☒ Change ☐ Addition

CR2E037 (11/98)

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: X [signature] LARRY L. PELTON PRESIDENT 4/12/99 (561) 835-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #