

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

DOCUMENT # **763367** (0)

1. Corporation Name
UNITED CIVIC ORGANIZATION, INC.



Principal Place of Business: **CAMDEN A - 24 WEST PALM BCH. FL 33417**
Mailing Address: **CAMDEN A - 24 WEST PALM BCH. FL 33417**

3. Date Incorporated or Qualified: **05/19/1982**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-2221503**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**BERNHARD, ARTHUR
SHEFFIELD L 291
W. PALM BEACH FL 33417**

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	PD	<input type="checkbox"/> DELETE
NAME	BERNHARD, ARTHUR	
STREET ADDRESS	SHEFFIELD L 291	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, ANNE	
STREET ADDRESS	114 WELLINGTON, #M	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEISS, KURT	
STREET ADDRESS	402 GREENBRIER, #A	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALSH, VIVIAN	
STREET ADDRESS	HORTHAMPTON F 107	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEE KLEIN	
STREET ADDRESS	117 SHEFFIELD E	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUTTERPERL, NORMAN	
STREET ADDRESS	OXFORD 400-103	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BETTY LAPIDUS
1.3 STREET ADDRESS	251 BEDFORD J
1.4 CITY-ST-ZIP	WEST PALM BEACH
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	VD LOUIS WERNER
5.3 STREET ADDRESS	336 SOUTHAMPTON B
5.4 CITY-ST-ZIP	WEST PALM BEACH FL
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 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: Norman Mutterperl, Treasurer 4/8/96 407-683-9189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/yr Phone #

CR2E037 (12/95)