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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33417-2059

3. Date Incorporated or Qualified: 05/19/1982  
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business  
21 82 STRATFORD F  
22 Suite, Apt. #, etc.  
23 City & State: WEST PALM BEACH FL.  
24 Zip: 33417  
25 Country: PALM BEACH  
26 82 STRATFORD F  
27 Suite, Apt. #, etc.  
28 City & State: WEST PALM BEACH  
29 Zip: 33417  
30 Country: PALM BEACH

4. FEI Number: 59-2221503  
Applied For: Not Applicable

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

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: WEISS, KURT WALSH, VIVIAN  
82 Street Address (P.O. Box Number is Not Acceptable): 402 GREENBRIER # NORTHAMPTON F 107  
84 City: W PALM BEACH FL  
85 Zip Code: 33417

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	MD RUTH BERNHARD
NAME	BETTY LAPIDUS	1.2 NAME	SHEFFIELD L 291
STREET ADDRESS	251 BEDFORD J	1.3 STREET ADDRESS	WEST PALM BEACH, FL
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD HOWARD KAYE
NAME	COHEN, ANNE	2.2 NAME	SHEFFIELD J 222
STREET ADDRESS	114 WELLINGTON, #M	2.3 STREET ADDRESS	WEST PALM BEACH FL
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD DAN SALVO
NAME	WEISS, KURT	3.2 NAME	65 SOMERSET D
STREET ADDRESS	402 GREENBRIER, #A	3.3 STREET ADDRESS	WEST PALM BEACH, FL
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	WALSH, VIVIAN	4.2 NAME	
STREET ADDRESS	NORTHAMPTON F 107	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	LOUIS WERNER	5.2 NAME	
STREET ADDRESS	336 SOUTHAMPTON B	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	MUTTERPERL, NORMAN	6.2 NAME	
STREET ADDRESS	OXFORD 400-103	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. I do 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]* DATE: 4/14/97 (561) 683-9189

CR2E037 (9/96)