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Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90126 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763367**

1. Corporation Name  
**UNITED CIVIC ORGANIZATION, INC.**

Principal Place of Business 82 STARTFORD F WEST PALM BEACH FL 33417 US	Mailing Address 82 STRATFORD F WEST PALM BCH. FL 33417 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2221503
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>WEISS, KURT 402 GREENBRIER A WEST PALM BEACH, FL 33417</b>	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY LAPIDUS	1.2 NAME	
STREET ADDRESS	251 BEDFORD J	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANNE	2.2 NAME	
STREET ADDRESS	114 WELLINGTON, #M	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, KURT	3.2 NAME	
STREET ADDRESS	402 GREENBRIER, #A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, KAYE	4.2 NAME	
STREET ADDRESS	222 SHEFFIELD J	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000 33417	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPKIN, PHIL	5.2 NAME	ROBERT FOGELMAN
STREET ADDRESS	252 SOUTHAMPTON C	5.3 STREET ADDRESS	106 WELLINGTON D
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMBERG, FANNIE	6.2 NAME	
STREET ADDRESS	34 SHEFFIELD B	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33417	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, with all other like empowered.

SIGNATURE: ANNE W. COHEN, TREAS 3/9/99 Date 561-683-9189 Daytime Phone #

CR2E037 (11/98)