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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90178 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N08941</b>					
1. Corporation Name <b>LEADERSHIP PALM BEACH COUNTY, INC.</b>					
Principal Place of Business 901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US			Mailing Address 901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US		
2. Principal Place of Business 21 1001 Alternate A1A Suite, Apt. #, etc. 22 Bayside Building City & State 23 Jupiter, FL 33477 Zip Country 24 25 USA		2a. Mailing Address 26 1001 Alternate A1A Suite, Apt. #, etc. 27 Bayside Building City & State 28 Jupiter, FL 33477 Zip Country 29 30 USA		3. Date Incorporated or Qualified 04/26/1985 4. FEI Number 59-2569097 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent <b>CHISMAR, GEORGE</b> 901 NORTHPOINT PARKWAY, 102 WEST PALM BEACH FL 33407			10. Name and Address of New Registered Agent 81 Name Kathy Bush 82 Street Address (P.O. Box Number is Not Acceptable) Bayside Bldg. 1001 Alternate A1A 83 Jupiter, FL 33477 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 <u>Kathy Bush</u> DATE <u>1/22/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME MD STREET ADDRESS CHISMAR, GEORGE CITY-ST-ZIP 901 NORTHPOINT PARKWAY WEST PALM BEACH FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MD 1.3 STREET ADDRESS Kathy Bush 1.4 CITY-ST-ZIP 1001 Alternate A1A Jupiter, FL 33477		
TITLE <input type="checkbox"/> DELETE NAME SD STREET ADDRESS BERTISCH, ROBERT CITY-ST-ZIP 423 FERN STREET, SUITE 200 WEST PALM BEACH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VPD STREET ADDRESS SUGARMAN, JIM CITY-ST-ZIP 2701 N. AUSTRALIAN AVE. WEST PALM BEACH FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD STREET ADDRESS KRIELOW, GARY CITY-ST-ZIP 2700 P.G.A. BLVD., #203 PALM BEACH GARDENS FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS STEWART, DEBORAH CITY-ST-ZIP 3372 FOREST HILL BLVD., WING A WEST PALM BEACH FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			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 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: Katherine Harris SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)