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 Mar 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12586 (6)
 1. Corporation Name
 NAVY LEAGUE OF THE UNITED STATES, PALM BEACH COU
 NCIL, INC.

Principal Place of Business Mailing Address
 P O BOX 241 PALM BEACH FL 33480 P O BOX 241 PALM BEACH FL 33480

3. Date Incorporated or Qualified
 12/17/1985
 4. FEI Number
 65-0033917 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 SILVER, IRVING
 8725 NATIVE DANCER ROAD
 PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
 81 Name Stanley E. Shanck
 82 Street Address (P.O. Box Number is Not Acceptable) 2025 Bedford Drive
 83
 84 City Palm Beach Gardens FL 85 Zip Code 33403

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 *Stanley E. Shanck* Stanley E. Shanck, President 25 MAR 98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, IRVING	1.2 NAME	Stanley E. Shanck
STREET ADDRESS	8725 NATIVE DANCER ROAD	1.3 STREET ADDRESS	2025 Bedford Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33403
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAEDER, ROBERT R	2.2 NAME	
STREET ADDRESS	19055 LOXAHATCHEE RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENAUD, GLEN C	3.2 NAME	Helen Turner
STREET ADDRESS	5701 WHIRLWAY ROAD	3.3 STREET ADDRESS	325 29th Street
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNMIRE, PHILLIP L	4.2 NAME	
STREET ADDRESS	13314 DOUBLETREE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	33414
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEA, JENNIE	5.2 NAME	Peter L. Knight
STREET ADDRESS	3217 NW PERMETER ROAD	5.3 STREET ADDRESS	201 Russlyn Drive
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, EDWARD D	6.2 NAME	
STREET ADDRESS	342 COUNTRY CLUB DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	6.4 CITY-ST-ZIP	33469

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.

SIGNATURE: *Stanley E. Shanck* Stanley E. Shanck, President (561) 7752034 25 MAR 98

CP2E037 (10/97)