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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25768 (5)
1. Corporation Name
PALM BEACH PACKET GROUP, INC.



Principal Place of Business 1043 WIDGEON ROAD WELLINGTON FL 33414	Mailing Address 1043 WIDGEON ROAD WELLINGTON FL 33414
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3. Date Incorporated or Qualified 04/06/1988	
4. FEI Number 65-0020544	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GREEN, JOHN H
1043 WIDGEON ROAD
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *John H. Green* DATE: **2-16-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCKER, DOUGLAS	
STREET ADDRESS	6880 KATHRINE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, TERRY	
STREET ADDRESS	2825 NE 23RD AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANLEY, BILL	
STREET ADDRESS	4170 N.W. 108 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YATES, JOEL	
STREET ADDRESS	517 NW 8 CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MICHAELS, MIKE	
STREET ADDRESS	5456 WHITESANDS COVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, JOHN H	
STREET ADDRESS	1043 WIDGEON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William H. Rabun	
1.3 STREET ADDRESS	325 Executive Center Dr. 313B	
1.4 CITY-ST-ZIP	WEST Palm Beach, FL. 33401	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Matvin M. Kaskawits	
2.3 STREET ADDRESS	95 Northampton "E"	
2.4 CITY-ST-ZIP	West Palm Beach, FL. 33417	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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.

SIGNATURE: *Douglas Welcker* DATE: **2-17-98** **561-686-3247**

CFR2037 (10/97)