


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25768

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/06/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0020544
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WELCKER, DOUGLAS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6660 KATHRINE RD.	1.2 NAME	RABUN, WILLIAM H.
STREET ADDRESS	WEST PALM BEACH FL 33413	1.3 STREET ADDRESS	325 EXECUTIVE CENTER DRIVE 313B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABUN, WILLIAM H.	2.2 NAME	GROSSE, BURCK E.
STREET ADDRESS	325 EXECUTIVE CENTER DRIVE 313B	2.3 STREET ADDRESS	11 HUNTLY CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHAWITS, MARVIN M.	3.2 NAME	
STREET ADDRESS	95 NORTHAMPTON 'E'	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, MIKE	4.2 NAME	
STREET ADDRESS	5456 WHITESANDS COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOHN H	5.2 NAME	
STREET ADDRESS	1043 WIDGEON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *(Signature)* **SIGNATURE REQUIRED** 2/11/99 561 683 2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)