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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N27518 (2)

1. Corporation Name

PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
515 N FLAGLER DR., SUITE 703 W. PALM BEACH FL 33401	515 N FLAGLER DR., SUITE 703 W. PALM BEACH FL 33401-4324
SUITE 700	SUITE 700

3. Date Incorporated or Qualified: 07/20/1988
3a. Date of Last Report: 09/03/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 700
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 700
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0158809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONE, A. CLARK
515 N FLAGLER DR., SUITE 703
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Robert E. Gordon
82 Street Address (P.O. Box Number is Not Acceptable): 515 No. Flagler Dr., Suite 700
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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: Robert E. Gordon ROBERT E. GORDON 5/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	SCAROLA, JACK		1.2 NAME	Robert E. Gordon	
STREET ADDRESS	2139 PALM BCH LAKES BLVD		1.3 STREET ADDRESS	515 No. Flagler Dr., Suite 700	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	☒ DELETE	2.1 TITLE	President Elect/Director	☒ Change ☐ Addition
NAME	CHANDLER, LAWRENCE U.L.		2.2 NAME	Brian J. Glick	
STREET ADDRESS	105 S.NARCISSUS AVE.#800		2.3 STREET ADDRESS	2424 No. Federal Hwy., Suite 460	
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	SD	☒ DELETE	3.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	CONE, A. CLARK		3.2 NAME	Dale J. Paleschic	
STREET ADDRESS	515 N FLAGLER DR #703		3.3 STREET ADDRESS	1515 No. Federal Hwy., Suite 417	
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TD	☒ DELETE	4.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	DERINGER,GENIE HOLCOMBE		4.2 NAME	Eric H. Luckman	
STREET ADDRESS	5355 TOWN CENTER RD 1002		4.3 STREET ADDRESS	213 Southern Blvd.	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	West Palm Beach, FL 33405-2737	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Robert E. Gordon **REQUIRED** ROBERT E. GORDON 5/14/97 561-659-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036090