


FILE NOW: FILING FEE IS \$61.25

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Mar 26 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 # **N27518** (2)
1. Corporation Name
PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC



Principal Place of Business 515 N FLAGLER DR SUITE 700 W. PALM BEACH FL 33401 US		Mailing Address 515 N FLAGLER DR SUITE 700 W. PALM BEACH FL 33401 US		3. Date Incorporated or Qualified 07/20/1988	
				4. FEI Number 65-0158809	
2. Principal Place of Business 21 1675 Palm Beach Lakes Blvd		2a. Mailing Address 26 1675 Palm Bch Lakes Blvd		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22 Seventh Floor		Suite, Apt. #, etc. 27 Seventh Floor		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23 West Palm Beach, FL		City & State 28 West Palm Bch FL		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24 33401		Country 25 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				29 33401 30 USA	

9. Name and Address of Current Registered Agent GORDON, ROBERT E 515 NO FLAGLER DR SUITE 700 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
				81 Name Eric H. Luckman, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1675 Palm Beach Lakes Blvd			
				83 Seventh Floor			
				84 City West Palm Bch 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 *Eric Luckman* **Treasurer** **3-1-98**
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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, ROBERT E			1.2 NAME	Brian J.		
STREET ADDRESS	515 NO FLAGLER DR SUITE 700			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	PED	<input type="checkbox"/> DELETE		2.1 TITLE	(President) PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICK, BRIAN J			2.2 NAME			
STREET ADDRESS	2424 NO FEDERAL HWY SUITE 480			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	PED (President Elect)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALESCHIC, DALE J			3.2 NAME			
STREET ADDRESS	1515 NO FEDERAL HWY SUITE 417			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	(Treasurer) TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCKMAN, ERIC H			4.2 NAME			
STREET ADDRESS	213 SOUTHERN BLVD			4.3 STREET ADDRESS	1675 Palm Bch Lakes Blvd 7th Floor		
CITY-ST-ZIP	WEST PALM BEACH FL			4.4 CITY-ST-ZIP	West Palm Bch, FL 33401		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	(Secretary) SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Michael J. Overbeck		
STREET ADDRESS				5.3 STREET ADDRESS	515 N. Flagler Drive		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	West Palm Bch, FL 33401		
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.

SIGNATURE: *Eric Luckman* **3-1-98** **561 616 0804**

CP2E037 (10/97)