NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27518

1. Corporation Name

PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC

Principal Place of Business 1675 PALM BEACH LAKES BLVD 7TH FLOOR W. PALM BEACH FL 33401

2. Principal Place of Business

Mailing Address

1675 PALM BEACH LAKES BLVD 7TH FL

W. PALM BEACH FL 33401

2a. Mailing Address

US

FILED Mar 29, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

12901 6	LINI MOORE ROAD 26 2401 CLINI	MODE	te co.	07/20/1988		
Suite, Apt.	#, etc. Suite, Apt. #, etc.			4. FEI Number	App	lied For
2 SU 116	5 335 _ 27 SUINE_332		<u> </u>	65-0158809	Not	Applicable
City & State	City & State	1. FL		5. Certifcate of Status Desired	\$8.75 A	
Zip	Country Zip	Country		6. Election Campaign Financing	\$5.00	May Be
词 ごろろり	196 25 NSA 29 33496 30] ús	SA	Trust Fund Contribution	Added to	
4 //	9. Name and Address of Current Registered Agent	J		10. Name and Address of New Register	ed Agent	
	Training and the second	81	Name			
	PDIO 11			(C.C. C. N. J. S. N. J. A. S.		
LUCKMAN		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		_
	M BEACH LAKES, RD	83				
7TH FLOO						
West Pal	M BEACH FL 33401	84	City		85 Zip C	ode
						registered
office or n	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was authorities to the change was authorities and the change was authorities and the change was authorities.	onzea dv tr	named corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obligations of, Section 617.0503, Florida	Statutes.		• • • •		
SIGNATURE						
	Organization, types of printed in the control of th		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		20 INI 12
12.	OFFICERS AND DIRECTORS	13.	17310.	ESIDENT - ELECT	Change	Addition
TITLE	SD DELETE	1.1 TITLE			Change	Addition
NAME	OVERBECK, MICHAEL	1.2 NAME	Ove	erbock, michael 5 N. Flasier Dr.		
STREET ADDRESS	515 N FLAGLER DR	1.3 STREET A			'NJ	
CITY-ST-ZIP	W. PALM BEACH FL 33401	1.4 CITY-ST-		et palm bell, fl 334	~!	
TITLE	PD \ DELETE	2.1 TITLE	TIE	EASURER	Change	Addition
NAME	GLICK, BRIAN J	2.2 NAME	50	HULER, RICHARD		
STREET ADDRESS	2424 NO FEDERAL HWY SUITE 460	2.3 STREET A	NODRESS (6)	5 FORUM PLACE, 40		
CITY-ST-ZIP	BORA RATON FL	2. 4 CITY-ST	144	PALM BEACH, PL 3340	(
TITLE	PED OELETE O	3.1 TITLE		CRETARY	☐ Change	Addition
NAME	PALESCHIS DALE J	3.2 NAME	511	ENDRY, TODD		•
STREET ADDRESS	1515 NO FEDERAL HWY SUITE 417	3.3 STREET		OL PEA BLVD #104		
	BOCA RATON FL	3.4. CITY-ST	OA.	LM BEACH GARDENS, FI	33410	
CITY-ST-ZIP	TD DELETE	4.1 TITLE		BRIDENT	Change	Addition
	- I	4.2 NAME	1 11	11/22 and . Tikil		•
NAME	LUCKMAN, ERIC H	4.3 STREET	ADDRESS IL	IS PALM REACH LAKES	BL #10	٥
STREET ADDRESS	1675 PALM BEACH LAKES BLVD, 7TH FLOOR			PALM BUT FL 33401		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-	-ZIP FF	thank bon to Salar	☐ Change	Addition
TITLE	DELETE	5.1 TITLE 5.2 NAME	,	•	orange	
NAME			,			•
STREET ADDRESS		5.3 STREET			•	
CITY-ST-ZIP		5.4 CITY-ST-	ZIP			— A44 27
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	•		
U117-U1-E3				*		

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 suppliemental 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 of 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 REQUIRED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

561 616 0804 Daytine Phone # CR2E037 (11/98