

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION,
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
FILED

DOCUMENT # **N36874** (8)

PALM BEACH COUNTY HUMAN RIGHTS COUNCIL, INC.

COMM-FI-PN12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 C/O JOSEPH R. FIELDS, JR. P.A. 515 NORTH FLAGLER DRIVE, SUITE 300-P WEST PALM BEACH FL 33401 US		2a. Mailing Address 26 C/O JOSEPH R. FIELDS, JR. P.A. 515 NORTH FLAGLER DR SUITE 300-P WEST PALM BEACH FL 33401 US		3. Date incorporated or organized 02/27/1990		3a. Date of Last Report 05/01/1994			
22 Suite Apt # of Suite 1450		27 Suite Apt # of Suite 1450		4. FEI Number 65-0175288		Applied For Not Applicable			
23 State FL		28 County PALM BEACH		5. Certificate of Status Received <input type="checkbox"/>		\$8.75 Additional Fee Required			
24		25		29		30			
9. Name and Address of Current Registered Agent FIELDS, JOSEPH R JR. 515 N FLAGLER DR SUITE 300-P 1450 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent				6. Last year's annual franchise fee and franchise contribution <input type="checkbox"/>	
81 Name				82 Street Address (P.O. Box Number if Not Applicable)				7. Franchise with 100% ownership Tax Exempt Status <input type="checkbox"/>	
83				84 City				85 Zip Code	
86				87				88	

11. I, the undersigned, president of the firm, do hereby certify that the above named corporation submits this statement for the purpose of obtaining its registered office 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 the provisions of the Florida Franchise Statute, the various named corporation submits this statement for the purpose of obtaining its registered office 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 the provisions of the Florida Franchise Statute.

Signature: *Joseph R. Fields Jr.* Date: 4/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PD AARON, NORMAN 515 N FLAGLER DR, #300-P 1450 W PALM BCH FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address Suite # only
NAME	DV CARLSON, PHIL 515 N FLAGLER DR, #300-P 1450 W PALM BCH FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address Suite # only
NAME	DT HALL, DANIEL 515 N FLAGLER DR, #300-P 1450 W PALM BCH FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address Suite # only
NAME	SD SULZER, SIMMA 515 N FLAGLER DR, #300-P 1450 W PALM BCH FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address Suite # only
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Franchise Statute. I am familiar with the provisions of the Florida Franchise Statute, the various named corporation submits this statement for the purpose of obtaining its registered office 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 the provisions of the Florida Franchise Statute.

SIGNATURE: *Norman Aaron* Date: 5/4/95 107-832-5655