

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004318 (1)

1. Corporation Name
PALM BEACH SERVICECO, INC.



Principal Place of Business: 1309 N FLAGLER DRIVE, WEST PALM BEACH FL 33401, US
Mailing Address: 1309 N FLAGLER DRIVE, WEST PALM BEACH FL 33401, US

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0598821
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**LARCOMBE, VALERIE G
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRENCH, MICHAEL	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARRIS, NICKI	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RINKER, DAVID	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marvin Schur	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Pauly, M.D.	
3.3 STREET ADDRESS	100001812571	
3.4 CITY-ST-ZIP	-05/08/96--01011--000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME	***1735.00	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald Warren, M.D.	
5.3 STREET ADDRESS	1309 N. Flagler Drive	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 4/30/96 TIME: (407)650-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)