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May 07 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
1309 N FLAGLER DRIVE 1309 N FLAGLER DRIVE
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401
US US

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

65-0598821

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE G
1309 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME DUTCHER, PHILLIP
STREET ADDRESS 1309 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME SCHUR, MARVIN
STREET ADDRESS 1309 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PAULY, JOHN
STREET ADDRESS 1309 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME LARCOMBE, VALERIE G
STREET ADDRESS 1309 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WARREN, DONALD MD
STREET ADDRESS 1309 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME NASK, FRANK
STREET ADDRESS 1309 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Handwritten Signature]

4/8-198 650-6228

CR2E037 (10/97)