


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90013 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000219**

1. Corporation Name  
**BEVERLY HILLS COMMUNITY COUNCIL, INC.**

Principal Place of Business 14 TRUMAN BOULEVARD BEVERLY HILLS FL 34465	Mailing Address 14 TRUMAN BOULEVARD BEVERLY HILLS FL 34465
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2. Principal Place of Business 21 <i>B.H. Community Bldg</i> Suite, Apt. #, etc. 22 <i>1 Civic Circle</i> City & State 23 <i>Beverly Hills FL 34465</i> Zip 24 <i>34465</i> 25 <i>Calif</i>	2a. Mailing Address 26 <i>B.H. Community Council</i> Suite, Apt. #, etc. 27 <i>Box 640353</i> City & State 28 <i>Beverly Hills FL</i> Zip 29 <i>34464</i> 30 <i>Calif</i>	3. Date Incorporated or Qualified 01/12/1996	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent BRIGHT, ROBERT G 14 TRUMAN BOULEVARD BEVERLY HILLS FL 34465	10. Name and Address of New Registered Agent 81 Name <i>Madelyn Hickey</i> 82 Street Address (P.O. Box Number is Not Acceptable) 310 S. Adams St. 83 <i>Beverly Hills</i> 84 City <i>Beverly Hills</i> FL 85 Zip Code <i>34465</i>
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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 *MADelyn E. Hickey CHAIRMAN*  
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <del>Chairman</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGHT, ROBERT G		1.2 NAME <i>Madelyn C. Hickey</i>	
STREET ADDRESS 14 TRUMAN BOULEVARD		1.3 STREET ADDRESS <i>310 S Adams Street</i>	
CITY-ST-ZIP BEVERLY HILLS FL 34465		1.4 CITY-ST-ZIP <i>Beverly Hills Florida 34465</i>	
TITLE VICE CHAIRMAN	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERSON, IRVIN		2.2 NAME	
STREET ADDRESS 882 W COLBERT CT		2.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL 34465		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANSMANN, KATHLEEN		3.2 NAME	
STREET ADDRESS 3580 N WILLOWTREE PT		3.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL 34465		3.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEWART, KATHIE		4.2 NAME	
STREET ADDRESS P.O. BOX 640850		4.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS, FL 34464-0850		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAROLD LAVAN		5.2 NAME	
STREET ADDRESS 4298 N. BRYNNER PASS TERR.		5.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS, FL 34465		5.4 CITY-ST-ZIP	
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Madelyn E. Hickey* **MADELYN E. HICKEY** 4/15/99 706-4292  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)