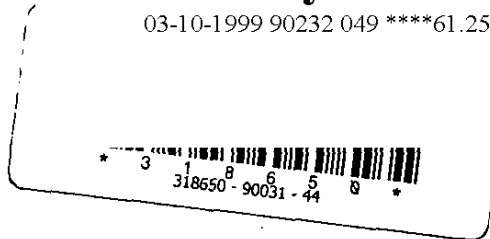


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 049 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000001868
 1. Corporation Name
PALM BEACH COUNTY PARTNERSHIP FOR AGING, INC.

Principal Place of Business: 2600 QUANTUM BLVD. BOYNTON BCH FL 33426
 Mailing Address: 2600 QUANTUM BLVD. BOYNTON BCH FL 33426

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
 3. Date Incorporated or Qualified: 04/01/1998
 4. FEI Number: 59-3503761 Applied For Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
FLEISCHER, SUSAN
2699 STIRLING RD., SUITE C-304
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.D. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chair - D <input type="checkbox"/> DELETE	1.1 TITLE	Chair - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Fleischer/Rona Bartelstone	1.2 NAME	Susan Fleischer/Rona Bartelstone
STREET ADDRESS	2699 Stirling Rd. Associates	1.3 STREET ADDRESS	2699 Stirling Rd Associates
CITY-ST-ZIP	Fort Lauderdale, FL 33312	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Co-Chair - D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Bonnie Cohen/Legal Aid Society
STREET ADDRESS		2.3 STREET ADDRESS	423 Fern Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jeffrey Yankow/Ridge Terrace
STREET ADDRESS		3.3 STREET ADDRESS	Health Care Center
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2480-Hypoluxo Road <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Lantana, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jack Steele/Area Agency on Aging
STREET ADDRESS		5.3 STREET ADDRESS	8895 N. Military Trail, #201C
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 Date: 2/26/99 Daytime Phone #: 954-969-8999

CR2E037 (1/198)