


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000076246 (2)
 1. Corporation Name
SOUTH HOUSE OF THE PALM BEACHES, INC.



Principal Place of Business 1029 DIAMOND HEAD WAY PALM BEACH GARDENS FL 33418	Mailing Address 1029 DIAMOND HEAD WAY PALM BEACH GARDENS FL 33418
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0802008	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RYAN, JAMES D 11891 US HWY ONE SUITE 201 NORTH PALM BEACH FL 33408			10. Name and Address of New Registered Agent		
81 Name			81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)			82 Street Address (P.O. Box Number is Not Acceptable)		
83			83		
84 City	FL	85 Zip Code	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and to whom applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	512 Madison Ave	<input type="checkbox"/> DELETE	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boonton NJ 07005		12 NAME	Vivian Krupman	
STREET ADDRESS			1.3 STREET ADDRESS	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Lynn Morris	
TITLE	35 Tower Hill Lane	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinnelon NJ 07405		2.2 NAME	Jamela Towarth	
STREET ADDRESS			2.3 STREET ADDRESS	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Joanne Mooney	
TITLE	71 West Sheffield St	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	Oakland NJ 07436		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	8 Fox Rd	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	Montville NJ 07045		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne Mooney*

CR2E034 (10/97)