

**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 # N05227 (6)**  
1. Corporation Name  
**CITIES IN SCHOOLS OF PALM BEACH COUNTY, INC.**



Principal Place of Business Mailing Address  
**114 NORTH J STREET 2ND FLOOR LAKE WORTH FL 33460-3354**

3. Date Incorporated or Qualified **09/19/1984**  
3a. Date of Last Report **02/17/1995**  
4. FEI Number **59-2516164**  
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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **114 NORTH J STREET** 26 **114 NORTH J STREET**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SILBER, ILENE SOLOMON**  
**114 NORTH J ST.**  
**2ND FLOOR**  
**LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**114 NORTH J STREET**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | TD <input type="checkbox"/> DELETE              | 11 TITLE  | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COMPIANI, FRANK                                 | 12 NAME   |   |
| STREET ADDRESS             | 1555 P. B. LAKES BLVD., #1400                   | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                              | 14 CITY-ST-ZIP  | <b>33401</b>  |
| TITLE                      | CD <input checked="" type="checkbox"/> DELETE   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | DAVIS, JOHN MAX                                 | 22 NAME   |   |
| STREET ADDRESS             | 1501 NORTHPOINT PKY, SUITE 105                  | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                              | 24 CITY-ST-ZIP  |   |
| TITLE                      | SD <input type="checkbox"/> DELETE              | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | SHEARIN, NORMAN W                               | 32 NAME   |   |
| STREET ADDRESS             | 1501 NW 15TH CT.                                | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | BOCA RATON FL                                   | 34 CITY-ST-ZIP  | <b>33432</b>  |
| TITLE                      | ED <input type="checkbox"/> DELETE              | 41 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | SILBER, ILENE SOLOMON                           | 42 NAME   |   |
| STREET ADDRESS             | 114 NORTH J ST. 2ND FLOOR                       | 43 STREET ADDRESS                                     | <b>114 NORTH J STREET</b>   |
| CITY-ST-ZIP                | LAKE WORTH FL                                   | 44 CITY-ST-ZIP  | <b>33460</b>  |
| TITLE                      | CFOD <input checked="" type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       | MARSH, GREGORY A.                               | 52 NAME   | <b>CFOD</b>   |
| STREET ADDRESS             | 500 NW 12TH AVE.                                | 53 STREET ADDRESS                                     | <b>ROBERT E. HILSON</b>   |
| CITY-ST-ZIP                | DEERFIELD BEACH FL                              | 54 CITY-ST-ZIP  | <b>1555 PALM BEACH LAKES BLVD.</b>  |
| TITLE                      | VD <input type="checkbox"/> DELETE              | 61 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | PETERSON, WILLIAM                               | 62 NAME   | <b>CD</b>   |
| STREET ADDRESS             | PO BOX 24612 N/A                                | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL                              | 64 CITY-ST-ZIP  | <b>33416</b>  |

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, on an attachment with an address.

SIGNATURE: *Ilene Solomon* 4/23/96 (407) 582-0820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)