FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732156   (5)

1. Corporation Name

ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2372	1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2327

3. Date Incorporated or Qualified 03/14/1975	3a. Date of Last Report 02/05/1996

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number **59-1575003** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip **24** Country **25**	Zip **29** Country **30**	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, GARY B 1555 PALM BEACH LAKES BLVD. SUITE 400 W. PALM BEACH FL 33401	**81** Name Watkins, Thomas D. **82** Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd **83** Suite 400 **84** City W. Palm Beach, FL **FL** **85** Zip Code 33401

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 X _(signature)_   2/5/97

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **VD** ☐ DELETE NAME **MATHIS, D B** STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 400 CITY-ST-ZIP WEST PALM BEACH FL	1.1 TITLE VD ☒ Change ☐ Addition 1.2 NAME Fagan, Gregory J. 1.3 STREET ADDRESS 1555 Palm Beach Lakes Blvd., #400 1.4 CITY-ST-ZIP West Palm Beach FL
TITLE **SD** ☐ DELETE NAME **FAGA, GREGORY J** STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 400 CITY-ST-ZIP WEST PALM BEACH FL	2.1 TITLE SD ☒ Change ☐ Addition 2.2 NAME Brown, Larry E. 2.3 STREET ADDRESS 1555 Palm Beach Lakes Blvd., #400 2.4 CITY-ST-ZIP West Palm Beach FL
TITLE **CD** ☐ DELETE NAME **SARTORY, J L** STREET ADDRESS 1555 PALM BEACH LAKES BLVD, # 400 CITY-ST-ZIP WEST PALM BEACH FL	3.1 TITLE CD ☒ Change ☐ Addition 3.2 NAME Mathis, Donald B. 3.3 STREET ADDRESS 1555 Palm Beach Lakes Blvd., #400 3.4 CITY-ST-ZIP West Palm Beach FL
TITLE **TD** ☐ DELETE NAME **DAWN, DONALD D** STREET ADDRESS 1555 PALM BCH LAKES BLVD #400 CITY-ST-ZIP W PALM BEACH FL	4.1 TITLE TD ☒ Change ☐ Addition 4.2 NAME Gottlieb, Morris B. 4.3 STREET ADDRESS 1555 Palm Beach Lakes Blvd., #400 4.4 CITY-ST-ZIP West Palm Beach FL
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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: X _(signature)_ Morris D. Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date

(541) 688-1600
Daytime Phone # 0036242

CR2E037 (9/96)