

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732156 (5)
 1. Corporation Name
ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business 1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2372	Mailing Address 1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2372
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3. Date Incorporated or Qualified 03/14/1975
4. FEI Number 59-1575003
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WATKINS, THOMAS D 1555 PALM BEACH LAKES BLVD SUITE 400 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FAGAN, GREGORY J
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BROWN, LARRY E
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	MATHIS, DONALD B
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GOTTLIEB, MORRIS B
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Larry E.
1.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd, #400
1.4 CITY-ST-ZIP	West Palm Beach, FL
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elmore, George T.
2.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #400
2.4 CITY-ST-ZIP	West Palm Beach, FL
3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fagan, Gregory J.
3.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd, #400
3.4 CITY-ST-ZIP	West Palm Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MORRIS D. GOTTLIEB* 1/30/98 (561)684-1551

CH2E037 (10/97)