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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90073 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 285196

1. Corporation Name
2460 CORPORATION



Principal Place of Business 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	Mailing Address 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1964	4. FEI Number 59-1387070	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
O'DONNELL, JAMES J
2460 S FED HWY
APT #17
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
 81 Name **MARYLOU BENCIVENGA**
 82 Street Address (P.O. Box Number is Not Acceptable)
2460 S. FEDERAL HWY.
 83 **APT #1**
 84 City **BOYNTON BEACH** FL 85 Zip Code **33435**

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 Marylou Bencivenega Marylou Bencivenega 3/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT <input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES
STREET ADDRESS	2460 S. FEDERAL HWY., #17
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	TACELLI, RICHARD
STREET ADDRESS	2460 S. FEDERAL HWY., #20
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KORNMEYER, HAROLD
STREET ADDRESS	2460 S FED HWY #6
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CARCHIOI, SAM
STREET ADDRESS	2460 S. FEDERAL HWY., #12A
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, ROBERT
STREET ADDRESS	2460 S FED HWY #3
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BENCIVENGA, MARYLOU
6.3 STREET ADDRESS	2460 S. FEDERAL HWY #1
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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 607, 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: Marylou Bencivenega Marylou Bencivenega 3/10/99 (561) 732-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)