FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

CHAMBER OF COMMERCE OF THE PALM BEACHES, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									- I POBRITI KODIT DATOR KIKID TIRBA KIFATA DIPAT DIDIT DIDIT DIDIT BIDIT BIDIT DIDIT DIDIT. I		
401 N FLAGLER DR.				401 N FLAGLER DR.					3. Date incorporated or Qualified		
WEST PALM BEACH FL 33401				WEST PALM BEACH FL 33401					11/15/1961		
									4. FEI Number Applied For		
2 Principal	Place of Busic	Malling Address					59-0504407 Not Applicable				
2. Principal Place of Business				26					5. Certificate of Status Desired 58.75 Additional Fee Required		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Election Campaign Financing \$5.00 May Be		
22			27						Trust Fund Contribution Added to Fees		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?		
23 Zip		Country	28	Zip Country			v		Yes No 8. This corporation owes or has paid the current year Intangible		
24		25	29	- r	30		•		Personal Property Tax due June 30. Yes No		
	9. Name	and Address of C	urrent Regis	tered Agent		10. Name and Address of New Registered Agent					
_						81	81 Name				
	/, Dennis						Street	Street Address (P.O. Box Number Is Not Acceptable)			
401 N. FLAGLER DRIVE						63					
W PALM BCH FL 33401											
						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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered / 12. OFFICERS AND DIRECTORS 13.							ent signature	int signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	0.1102.1	O THE OWNER	XX DELETE		TITLE		TR	REASURER Change XX Addition		
NAME	DAWN,	DONALD			1.2	NAME		Ma	as, Edward		
STREET ADDRESS 777 S FLAGLER DRIVE #300			1300	1.3			1.3 STREET ADDRESS 28		320 Hackney Road		
CITY-ST-ZWP				···			ST-ZIP	rt			
TITLE NAME	S	DEMINUO		☐ DELETE		TITLE		Pr	resident XX hange Addition		
STREET ADDRESS 401 N. FLAGER DR.				■ * "			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	W BALLA BOLL PL ASSAS						ITY-ST-ZIP				
TITLE							21700		nair xxxx Athange ☐ Addition		
NAME	LOWRY,	PATRICIA			3.2	NAME		۳,,			
STREET ADDRESS		LAGLER DRIVE S	, 1900		3.3	STREE	T ADDRESS				
CITY-ST-ZIP		I BEACH FL		- Driete	_		ST-ZIP	_	[] Oh		
TITLE NAME	D	CI IEE		☐ DELETE		TITLE NAME			Change Addition		
STREET ADDRESS	HERTZ,	STRALIAN AVENU	IF #500				T ADDRESS				
CITY-ST-ZIP	1	BEACH FL	_ # 000				ST-ZIP				
TITLE	D			☐ DELETE	_	TITLE	-	Ch	nair-Elect XXX hange □ Addition		
NAME	SACHS,				5.2	NAME		~"			
STREET ADDRESS		LAGLER DR #11	00		2.0		T ADDRESS				
CITY-ST-ZIP		BEACH FL		☐ DELETE			ST-ZIP	ļ	☐ Change ☐ Addition		
TITLE NAME	D	NGER, RICHARD				ritle Name			Cuange C Addition		
STREET ADDRESS		ONGRESS AVE 2	500				T ADDRESS				
CITY-ST-ZIP		ATON FL			4		ST-ZIP				
			ed with this f	iling does not qualify f				d in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the Information		

induction of the corporation or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam at 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.

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4-16-98

561-833-3711