

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90091 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706737

1. Corporation Name
426 ASSOCIATION, INC.

Principal Place of Business 23123 STATE RD. 7 350 A BOCA RATON FL 33428	Mailing Address RMC P. O. BOX 97-0069 BOCA RATON FL 33497 US
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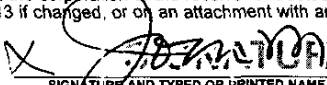
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/22/1961 4. FEI Number 59-1155230 Applied For No: Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent GARY PALOMBI 23123 STATE ROAD 7 #350A BOCA RATON FL 33428	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
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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 Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DAVID, K.M.		1.2 NAME	Joan Morton	
STREET ADDRESS	426 N.E. 7TH AVE.		1.3 STREET ADDRESS	426 NE 7th Ave #2-A	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DeLray Beach, FL 33483	
TITLE	SD	☐ DELETE	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	KEARNS, MARGARET		2.2 NAME		
STREET ADDRESS	426 N.E. 7TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, RICHARD		3.2 NAME		
STREET ADDRESS	426 NE 7TH AVE #2D		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	A. S. DAVID		4.2 NAME		
STREET ADDRESS	426 NE 7TH AVENUE, #2-E		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME			5.2 NAME	Marion Kennedy	
STREET ADDRESS			5.3 STREET ADDRESS	426 N.E. 7th Ave, #1-A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DeLray Bch, FL 33483	
TITLE		☐ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME			6.2 NAME	Ted Hobson	
STREET ADDRESS			6.3 STREET ADDRESS	426 NE 7th Ave, #1-F	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DeLray Bch, FL 33483	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(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, with all other like empowered.

SIGNATURE:  **JOAN MORTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: H-20-99 Daytime Phone #

CR2E037 (11/98)

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