FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90091 022 ****61.25

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DOCUMENT # 706737

1. Corporation Name
426 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
23123 STATE RD. 7 350 A BOCA RATON FL 33428	RMC P. O. BOX 97-0069 BOCA RATON FL 33497 US

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 01/22/1961

4. FEI Number: 59-1155230 — Applied For / Not 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

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

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

TITLE	P	☒ DELETE
NAME	DAVID, K.M.	
STREET ADDRESS	426 N.E. 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	☐ DELETE
NAME	KEARNS, MARGARET	
STREET ADDRESS	426 N.E. 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	IRWIN, RICHARD	
STREET ADDRESS	426 NE 7TH AVE #2D	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	T	☒ DELETE
NAME	A. S. DAVID	
STREET ADDRESS	426 NE 7TH AVENUE, #2-E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Joan Morton	
1.3 STREET ADDRESS	426 NE 7th Ave #2-A	
1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	☐ Change ☒ Addition
5.2 NAME	Marion Kennedy	
5.3 STREET ADDRESS	426 NE 7th Ave, #1-A	
5.4 CITY-ST-ZIP	Delray Bch, FL 33483	
6.1 TITLE	T/D	☐ Change ☒ Addition
6.2 NAME	Ted Hobson	
6.3 STREET ADDRESS	426 NE 7th Ave, #1-F	
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(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, with all other like empowered.

SIGNATURE: X Joan Morton — SIGNATURE REQUIRED — Date: 4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)