

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90168 029 ****61.25

0043286

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 709692

1. Corporation Name

**PALM BEACH COUNTY CHAPTER OF THE SOCIETY FOR THE
 PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP Q**

Principal Place of Business

2419 NW 30TH ROAD
 BOCA RATON FL 33431
 US

Mailing Address

2419 NW 30TH ROAD
 BOCA RATON FL 33431
 US

* 5 2 0 7 1 *
 520711 - 90168 - 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/04/1965

4. FEI Number

59-6152340

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

FERGUSON, DANNY L.
2419 NW 30TH ROAD
BOCA RATON FL 33431

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 DELETE
 NAME **DP**
 STREET ADDRESS **CHAMPA, ANTHONY E**
 CITY-ST-ZIP **6172 CELADON CIR**
PALM BEACH GARDENS FL 33418

TITLE DELETE
 NAME **VD**
 STREET ADDRESS **LONSWAY, JAMES**
 CITY-ST-ZIP **14759 HIDEAWAY LAKE LANE**
DELRAY BEACH FL

TITLE DELETE
 NAME **VD**
 STREET ADDRESS **GRAF, GEORGE**
 CITY-ST-ZIP **11026 BAYBREEZE WY**
BOCA RATON FL 33428

TITLE DELETE
 NAME **V**
 STREET ADDRESS **ALIAPOULIOS, STEVE**
 CITY-ST-ZIP **8157 PINE TREE LANE**
W.PALM BCH. FL

TITLE DELETE
 NAME **S**
 STREET ADDRESS **FERGUSON, DANNY L.**
 CITY-ST-ZIP **2419 NW 30TH ROAD**
BOCA RATON FL

TITLE DELETE
 NAME **T**
 STREET ADDRESS **KOCH, JOHN S.**
 CITY-ST-ZIP **811 SKY PINE WAY, #C1**
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 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 Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Steve Aliapoulos **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE ALIAPULIOS

4-27-99 561-586-8157

Date

Daytime Phone #

CR2E037 (1/198)