

BE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722248** (2)
1. Corporation Name
CERAMIC LEAGUE OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1971	3a. Date of Last Report 02/22/1994
4. FEI Number 23-7200978	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1210 GATEWAY RD #6 LAKE PARK FL 33403 US		1210 GATEWAY RD #6 LAKE PARK FL 33403 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

9. Name and Address of Current Registered Agent

DITTMER ROBERT
1210 GATEWAY RD
#6
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AT
NAME	TURECKI, ALICE
STREET ADDRESS	733 WATERWAY DR
CITY- ST- ZIP	N PALM BCH, FL 00000
TITLE	PD TD
NAME	DITTMER, ROBERT
STREET ADDRESS	815 SECOND CT
CITY- ST- ZIP	LAKE PARK FL
TITLE	SD
NAME	EATON, MARGERY
STREET ADDRESS	1408 INDIAN RD.
CITY- ST- ZIP	W. PALM BEACH FL
TITLE	TD
NAME	SMITH, MARJORIE
STREET ADDRESS	126 SEVILLE RD
CITY- ST- ZIP	W. PALM BCH. FL
TITLE	VP PD
NAME	GUNDLACH, ANNA
STREET ADDRESS	8749 CITATION DR
CITY- ST- ZIP	PALM BCH GARDENS FL
TITLE	AS
NAME	HAYHURST, JOSEPHINE
STREET ADDRESS	345 E BOCA RATON RD
CITY- ST- ZIP	BOCA RATON FL

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	TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Dittmer
2.3 STREET ADDRESS	815 Second Court
2.4 CITY- ST- ZIP	Lake Park, FL 33403
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	Assistant Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lois Barton
4.3 STREET ADDRESS	16486 95th Avenue North
4.4 CITY- ST- ZIP	Jupiter, FL 33410
5.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Annmaria Grundlach
5.3 STREET ADDRESS	8749 Citation Drive
5.4 CITY- ST- ZIP	Palm Beach Gardens, FL 33418
6.1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Doreen Kapore
6.3 STREET ADDRESS	428 Seabreeze Ave.
6.4 CITY- ST- ZIP	Palm Beach, FL 33480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 in an attachment with an address.

SIGNATURE: Margery M. Eaton, Secretary 2/23/95 407-844-2698
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #
Margery M. Eaton