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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
1210 GATEWAY RD #6 LAKE PARK FL 33403
P.O. BOX 14792 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified 12/10/1971
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 27
City & State 28
Zip Country 24 25 29 30

4. FEI Number 23-7200978 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	
NAME	TURECKI, ALICE	1.2 NAME	
STREET ADDRESS	733 WATERWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	SMITH, MARJORIE	2.2 NAME	
STREET ADDRESS	126 SEVILLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	EATON, MARGERY	3.2 NAME	
STREET ADDRESS	1408 INDIAN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	
NAME	BARTON, LOIS	4.2 NAME	
STREET ADDRESS	16486 95TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	GUNDLACH, ANNA	5.2 NAME	
STREET ADDRESS	8749 CITATION DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	KUHL, DELORIS	6.2 NAME	
STREET ADDRESS	165 SEASHORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Alice Turecki ALICE TURECKI 2.1.1997 (561) 622-9621

CR2E037 (9/96)