

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724312** (4)
1. Corporation Name
BUSINESS INC. OF THE PALM BEACHES

Principal Place of Business Mailing Address
**105 PARADISE HARBOUR BLVD.
P.O. BOX 14212
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1972** 3a. Date of Last Report **01/31/1994**

4. FEI Number **23-7347370** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**E. BRUCE KING
2877 NORTHLAKE BLVD.
LAKE PARK FL 33409**

10. Name and Address of New Registered Agent
81 Name **Kenneth T. Gordon**
82 Street Address (P.O. Box Number is Not Acceptable) **2400 PGA Blvd #4**
83 **FL**
84 City **Palm Beach Gardens** 85 Zip Code **33410**

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 *[Signature]* **Kenneth T. Gordon Treasurer** **4/25/95**
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 NAME STREET ADDRESS CITY - ST - ZIP	P STORM, FRED 1472 W. 8TH ST. RIVIERA BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VANACORE, VINCE GOLDEN BEAR PLAZA, 11760 HWY 1 NORTH PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, MURRAY 1828 U.S. #1 JUPITER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAMN, CHARLES 2700 PGA BLVD. #203 PALM BEACH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUEMANN, TOM 254 U.S. #1 TEQUESTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, BURT 222 U.S. #1, 209 TEQUESTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President Robert Probst 4 Pinehill Trail East Tequesta Fla. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP Ed Hamilton 501 50 Pinyon Dr. #600 W. Palm Beach Fla 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	None <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Treasurer Kenneth T Gordon 2400 PGA Blvd #4 Palm Beach Gardens FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Director Vince Vanacore Golden Bear Plaza 11760 Hwy 1 North Palm Beach Fla <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Director Tom Schumann 254 US #1 Tequesta Fla <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Kenneth T. Gordon** **4/25/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **407-627-2335**