

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified
09/11/1972
4. FEI Number
23-7347370
Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GORDON, KENNETH T
2400 PGA BLVD.
#4
PALM BEACH GARDENS FL 33410

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	PROBST, ROBERT	1.2 NAME	Carol Marmon
STREET ADDRESS	4 PINEHILL TRAIL EAST	1.3 STREET ADDRESS	150 S. E 12th Ave #2320
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	PD	2.1 TITLE	VFD
NAME	MASSA, PATRICK	2.2 NAME	August La Russa
STREET ADDRESS	11891 US #1, #110	2.3 STREET ADDRESS	711 W Indian Town Rd
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP	Jupiter Florida 33458
TITLE	VD	3.1 TITLE	D
NAME	ECKSTEIN, LOWELL	3.2 NAME	Daniel Probst
STREET ADDRESS	C/O SMITH BARNEY INC, 11780 US #1	3.3 STREET ADDRESS	3300 PGA Blvd #2320
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	TS	4.1 TITLE	500002415-400
NAME	GORDON, KENNETH T	4.2 NAME	-02/02/98--01061--010
STREET ADDRESS	2400 PGA BLVD. #4	4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	AXELROD, BOB	5.2 NAME	Joseph Watson
STREET ADDRESS	GOLDEN BEAR PLAZA	5.3 STREET ADDRESS	3305 Burns Rd #206
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D	6.1 TITLE	D
NAME	IRWIN, DICK	6.2 NAME	Walter Franklin
STREET ADDRESS	105 PARADISE HARBOUR BLVD	6.3 STREET ADDRESS	Langham Drive
CITY-ST-ZIP	N PALM BCH FL	6.4 CITY-ST-ZIP	Jupiter Fla 33408

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE: _____ DATE: 1/7/98 511-117-3325

CR2E037 (10/97)