

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 025 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 724312
 1. Corporation Name
BUSINESS INC. OF THE PALM BEACHES

* 6 61823P-90024-25 1 *

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| Principal Place of Business 105 PARADISE HARBOUR BLVD. P.O. BOX 14212 NORTH PALM BEACH FL 33408 | Mailing Address 105 PARADISE HARBOUR BLVD. P.O. BOX 14212 NORTH PALM BEACH FL 33408 |
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| 2. Principal Place of Business 21 625 ATLANTIC RD Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 625 ATLANTIC RD Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 09/11/1972 |
| 23 No Palm Beach, FL City & State Zip 33408 Country | 28 No Palm Beach, FL City & State Zip 33408 Country | 4. FEI Number 23-7347370 Applied For Not Applicable |
| 24 33408 25 FL | 29 33408 30 FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 **V.J. VANACORE**
 82 Street Address (P.O. Box Number is Not Acceptable)
625 ATLANTIC RD
 83
 84 City **No Palm Beach** FL 85 Zip Code **33408**

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 **V.J. VANACORE** *V. Vanacore* **9-10-99**
 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 PD-D | NAME MARMON, CAROL | STREET ADDRESS 150 S.E. 12 AVE STE 320 | CITY-ST-ZIP POMPANO BEACH FL 33069 | <input checked="" type="checkbox"/> CHANGE |
| TITLE VPD | NAME LARUTTA, AUGUST | STREET ADDRESS 711 W. INDIANTOWN RD | CITY-ST-ZIP JUPITER FL 33458 | <input checked="" type="checkbox"/> DELETE |
| TITLE D | NAME PROBST, DANIEL | STREET ADDRESS 3300 PGA BLVD STE 350 | CITY-ST-ZIP PALM BEACH GARDENS FL 33410 | <input checked="" type="checkbox"/> DELETE |
| TITLE TS | NAME GORDON, KENNETH T | STREET ADDRESS 2400 PGA BLVD. #4 | CITY-ST-ZIP PALM BEACH GARDENS FL | <input type="checkbox"/> DELETE |
| TITLE VPD | NAME WATSON, JOSEPH | STREET ADDRESS 3385 BURNS RD #206 | CITY-ST-ZIP PALM BEACH GARDENS FL 33410 | <input type="checkbox"/> DELETE |
| TITLE D | NAME FRANKLIN, WALTER | STREET ADDRESS EAGLENEST DRIVE | CITY-ST-ZIP JUPITER FL 33458 | <input checked="" type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|-----------|------------------------|----------------------------|-------------------------------------|--|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | TERRY CRAWFORD | 4528 SQUARE LAKE DR | PALM BEACH GARDENS, FL 33418 | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | Tim Moore | 10258 RIVERSIDE DR | PALM BEACH GARDENS, FL 33410 | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | ROBERT BONITZER | 11788 US #1 | PALM BEACH GARDENS FL 33408 | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | TANA GASKILL | 2610 BORDEAUX CT | PALM BEACH GARDENS, FL 33410 | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | V.J. VANACORE | 625 ATLANTIC RD | No Palm Beach, FL 33408 | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED: V.J. VANACORE** *V. Vanacore* **9/10/99** **561-848-6722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037 (5/99)