

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 724312

1. Corporation Name

BUSINESS INC. OF THE PALM BEACHES

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 625 ATLANTIC RD	26 625 ATLANTIC RD	09/11/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7347370
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 No Palm Beach, FL	28 No Palm Beach, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24 33406	29 33408	30

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 33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DD-D	1.1 TITLE
NAME	MARMON, CAROL	1.2 NAME
STREET ADDRESS	150 S.E. 12 AVE STE 320	1.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP
TITLE	VPD	2.1 TITLE
NAME	LARUTTA, AUGUST	2.2 NAME
STREET ADDRESS	711 W. INDIANTOWN RD	2.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	PROBST, DANIEL	3.2 NAME
STREET ADDRESS	3300 PGA BLVD STE 350	3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP
TITLE	TS	4.1 TITLE
NAME	GORDON, KENNETH T	4.2 NAME
STREET ADDRESS	2400 PGA BLVD. #4	4.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP
TITLE	VPD	5.1 TITLE
NAME	WATSON, JOSEPH	5.2 NAME
STREET ADDRESS	3385 BURNS RD #206	5.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	FRANKLIN, WALTER	6.2 NAME
STREET ADDRESS	EAGLENEST DRIVE	6.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL 33458	6.4 CITY-ST-ZIP

13.

PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 OF V.J. VANACORE

9/10/99

561-848-6722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (5/99)