

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732156 (5)
1. Corporation Name
ECONOMIC COUNCIL OF PALM BEACH COUNTY, INC.



Principal Place of Business: 1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2372
Mailing Address: 1555 PALM BEACH LAKES BLVD. #400 W PALM BCH FL 33401-2372

3. Date Incorporated or Qualified: 03/14/1975
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1575003
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
YOUNG, GARY B
1555 PALM BEACH LAKES BLVD.
SUITE 400
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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] DATE: 1/25/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SARTORY, J L	
STREET ADDRESS	1555 PALM BCH LAKES BLVD #400	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERSON, WILLIAM	
STREET ADDRESS	1555 PALM BCH LAKES BLVD #400	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DUNSTON, LEIGH	
STREET ADDRESS	1555 PALM BCH LAKES BLVD #400	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAWN, DONALD D	
STREET ADDRESS	1555 PALM BCH LAKES BLVD #400	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mathis, DB	
1.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd #400	
1.4 CITY-ST-ZIP	W. Palm Beach FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fagan, Gregory J.	
2.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd #400	
2.4 CITY-ST-ZIP	W. Palm Beach FL	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sartory, JL	
3.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd #400	
3.4 CITY-ST-ZIP	W. Palm Beach FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/25/96 (407) 683-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: J. Lawrence Sartory

CR2E037 (12/95)