

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/14/1975	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1575003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name
Watkins, Thomas D.
82 Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd
83 Suite 400
84 City
W. Palm Beach, FL
85 Zip Code
33401

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]* 2/5/97
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	VD	<input type="checkbox"/> DELETE
NAME	MATHIS, D B	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, # 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FAGA, GREGORY J	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, # 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SARTORY, J L	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, # 400	
CITY-ST-ZIP	WEST 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	Fagan, Gregory J.	
1.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #400	
1.4 CITY-ST-ZIP	West Palm Beach FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brown, Larry E.	
2.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #400	
2.4 CITY-ST-ZIP	West Palm Beach FL	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mathis, Donald B.	
3.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #400	
3.4 CITY-ST-ZIP	West Palm Beach FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gottlieb, Morris B.	
4.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #400	
4.4 CITY-ST-ZIP	West Palm Beach FL	
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 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: *[Signature]* (54) 688-1600
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0036242

CR2E037 (9/96)