

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736361 (7)**  
 1. Corporation Name  
**THE INTERNATIONAL PALM SOCIETY, INCORPORATED**

Principal Place of Business 4943 QUEEN VICTORIA RD. WOODLAND HILLS CA 91364	Mailing Address 4943 QUEEN VICTORIA RD. WOODLAND HILLS CA 91364
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified <b>07/12/1976</b>		
4. FEI Number <b>59-0829820</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**GOLDSTEIN, LEONARD H.  
8101 SW 72ND AVE #313-W  
MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAIN, JIMMY D	
STREET ADDRESS	12418 STAFFORD SPRINGS DR	
CITY-ST-ZIP	HOUSTON TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGMAN, W. PHILIP	
STREET ADDRESS	3233 BRANT ST	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKAMEY, LYNN	
STREET ADDRESS	P.O. BX 76, HWY 181	
CITY-ST-ZIP	GREGORY TX	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAGNER, ROSS T.	
STREET ADDRESS	4943 QUEEN VICTORIA RD	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOBBS, HORACE O JR	
STREET ADDRESS	7310 ASHBURN	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASIC, CHERYL	
STREET ADDRESS	362 WINSTANLEY ST	
CITY-ST-ZIP	CARINDALE BR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

**SIGNATURE:** *ROSS T. WAGNER* RECORDED. WAGNER 6 JAN 98 (818)-883-0447

CR2E037 (10/97)