


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90117 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 # 740873					
1. Corporation Name PALM BEACH COUNTY SPORTS HALL OF FAME, INC.					
Principal Place of Business % MICHAEL MACDONALD 2300 PALM BEACH LAKES BLVD., SUITE 217 WEST PALM BEACH FL 33409			Mailing Address % MICHAEL MACDONALD 2300 PALM BEACH LAKES BLVD., SUITE 217 WEST PALM BEACH FL 33409		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/23/1977	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2128593	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Name and Address of Current Registered Agent MACDONALD, MICHAEL D. 1410 WESTCHESTER DRIVE NORTH WEST PALM BEACH FL 33417	
8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, MICHAEL D		1.2 NAME	MACDONALD, MICHAEL D.	
STREET ADDRESS	1410 WESTCHESTER DRIVE N.		1.3 STREET ADDRESS	2733 SENECA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERAVOLO, JOSEPH J		2.2 NAME		
STREET ADDRESS	244 ORANGE GROVE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, GRAHAM		3.2 NAME		
STREET ADDRESS	103 PINTAIL COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISSEY, MARK		4.2 NAME		
STREET ADDRESS	725 LAGOON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Michael D. MacDonald* **1-6-99 561-688-2215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)