

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746554 (5)**  
 1. Corporation Name  
**PALM BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>45 COCOANUT ROW PALM BEACH FL 33480</b>	Mailing Address <b>45 COCOANUT ROW PALM BEACH FL 33480-4016</b>
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3. Date Incorporated or Qualified <b>04/03/1979</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>59-0389290</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**CLEARY, MARTHA C.  
 45 COCOANUT ROW  
 PALM BEACH FL 33480**

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAUS, JOHN G.	
STREET ADDRESS	312 WORTH AVE	
CITY-ST-ZIP	PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGAN, JAMES E., JR.	
STREET ADDRESS	6607 PAMELA LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWMAN, JESSE D	
STREET ADDRESS	1515 N OCEAN WAY	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROOKS, WILLIAM J.	
STREET ADDRESS	622 N FLAGLER DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAMPELL, RICHARD	
STREET ADDRESS	777 S. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CLEARY, MARTHA C.	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Martha B. Cleary* **MARTHA C. CLEARY** 4/24/97 (561) 655-3282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0099319

CR2E037 (9/96)