SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 746599 (0)

1. Corporation Name
QUOTA CLUB OF THE PALM BEACHES, FLORIDA, INC.

Principal Place of Business	Mailing Address
% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813	% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813

3. Date Incorporated or Qualified: 04/03/1979
3a. Date of Last Report: 04/14/1995

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:
Zip — 29: Country — 30:

4. FEI Number: 59-2047626 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

MCILVAINE,MIRIAM
1526 NORTH J TERRACE
LAKE WORTH FL 33460

10. 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 changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	D-DOROTHY YANKIVER	☒ Change ☐ Addition
NAME	BERG, BETTY		1.2 NAME	1102 SUMMER WINDS LANE	
STREET ADDRESS	359 VIA HERMOSA		1.3 STREET ADDRESS	JUPITER, FL	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	DELETE	2.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	SIMPSON, MARY		2.2 NAME	BETTY BERG	
STREET ADDRESS	4885 PARTZOLD RD		2.3 STREET ADDRESS	359 VIA HERMOSA	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	WEST PALM BCH, FL.	
TITLE	D	☐ DELETE	3.1 TITLE	1ST VP	☒ Change ☐ Addition
NAME	CLEMENT, IRENE		3.2 NAME	MIRIAM MCILVAINE	
STREET ADDRESS	1526 NORTH J TERRACE		3.3 STREET ADDRESS	1526 NORTH J TERRACE	
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	☐ DELETE	4.1 TITLE	SD CALLIE CAMERON	☒ Change ☐ Addition
NAME	WATSON, RHODA		4.2 NAME	417 PUTNAM RD	
STREET ADDRESS	P.O. BOX 7971 N/A		4.3 STREET ADDRESS	WEST PALM BEACH, FL	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	TD MARY SIMPSON	☒ Change ☐ Addition
NAME	CAMERON, CALLIE		5.2 NAME	4730 PINECONE LN.	
STREET ADDRESS	417 PUTNAM RD		5.3 STREET ADDRESS	WEST PALM BEACH, FL	
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE	SVP-D	☒ Change ☐ Addition
NAME	GREEN, DELORES		6.2 NAME	IRENE CLEMENT	
STREET ADDRESS	1724-17TH LANE		6.3 STREET ADDRESS	1526 NORTH J. TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP	LAKE WORTH FL	

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: Mary E. Simpson MARY E. SIMPSON 6-25-96 407-650-2476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/96)