

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760726 (0)
1. Corporation Name
PALM BEACH COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business: **401 N FLAGLER DRIVE W. PALM BEACH FL 33401**
Mailing Address: **401 N FLAGLER DRIVE W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **11/17/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0504407**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**GRADY, DENNIS
401 N. FLAGLER DRIVE
W. PALM BEACH FL 33401**

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: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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, which 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: *Dennis Grady*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALD DAWN	
STREET ADDRESS	777 S. FLAGLER DR #300	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODLETTE, DAVID	
STREET ADDRESS	330 CLEMATIS ST #207	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRITT, WILLIAM E.	
STREET ADDRESS	505 S. FLAGLER DRIVE, #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATRICIA LOWRY	
STREET ADDRESS	1900 SUITE 777 S. FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACHS, PETER	
STREET ADDRESS	505 S FLAGLER DR #1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FARES, PATRICIA	
STREET ADDRESS	P O BOX 6552 NA	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dawn, Donald	
13 STREET ADDRESS	777 S. Flagler Drive S, 300	
14 CITY-ST-ZIP	W. Palm Beach, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	D	
22 NAME	Richard Staudinger	
23 STREET ADDRESS	6400 Congress Ave 2500	
24 CITY-ST-ZIP	Boca Raton, Fl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	PD	
32 NAME	Pruitt, William E.	
33 STREET ADDRESS	505 S. Flagler Drive #400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
34 CITY-ST-ZIP	W. Palm Beach, Fl	
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Grady, Dennis	
63 STREET ADDRESS	401 N. Flagler Drive	
64 CITY-ST-ZIP	W. Palm Beach, Fl	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of section 19.07(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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/94
Date

Daytime Phone #

CR2E037 (12/95)