


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762664 (1)
1. Corporation Name
THE ADVERTISING CLUB OF THE PALM BEACHES, INC.



Principal Place of Business 901 NORTHPOINT PKWY #102 WEST PALM BEACH FL 33407		Mailing Address 901 NORTHPOINT PKWY #102 WEST PALM BEACH FL 33407		3. Date Incorporated or Qualified 03/30/1982	
				4. FEI Number 59-2019171	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHISMARK & COMPANY 901 NORTHPOINT PKWY SUITE 102 W PALM BEACH FL 33407		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONER, GINA	1.2 NAME	HAYES, TOM
STREET ADDRESS	375 S COUNTY ROAD, #201	1.3 STREET ADDRESS	1100 FAIRFIELD DRIVE
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUME, THERESA	2.2 NAME	BEEDLE, CANDY
STREET ADDRESS	1111 N CONGRESS AVENUE	2.3 STREET ADDRESS	5840 CORPORATE WAY, #100
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTROPIETRO, MIKE	3.2 NAME	ANGELO, DENISE
STREET ADDRESS	2751 SOUTH DIXIE HIGHWAY	3.3 STREET ADDRESS	2751 S. DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUME, TERESA	4.2 NAME	
STREET ADDRESS	1111 N CONGRESS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, BILL	5.2 NAME	
STREET ADDRESS	609 HUNTER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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.

SIGNATURE: _____

RECORDED

3/18/98

CR2E037 (10/97)