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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762664

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



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/30/1982 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2019171 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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 GEORGE CHISMARK
82 Street Address (P.O. Box Number is Not Acceptable)
4262 NORTHLAKE BLVD.
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33410

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

George Chismark
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAYES, TOM | 1.2 NAME | BYRON JEFFERSON |
| STREET ADDRESS | 1100 FAIRFIELD DRIVE | 1.3 STREET ADDRESS | 2751 S. DIXIE HWY |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 1.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33405 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEDLE, CANDY | 2.2 NAME | |
| STREET ADDRESS | 5840 CORPORATE WAY, #100 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANGELO, DENISE | 3.2 NAME | SUSAN MARLEY |
| STREET ADDRESS | 2751 S DIXIE HIGHWAY | 3.3 STREET ADDRESS | 3970 RCA BLVD., #7007 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | 3.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | SP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HEALY, BILL | 4.2 NAME | JACQUI AGOSTINELLI |
| STREET ADDRESS | 609 HUNTER STREET | 4.3 STREET ADDRESS | 2406 S. CONGRESS |
| CITY-ST-ZIP | WEST PALM BEACH FL | 4.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33406 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| 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 | |
| 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:

Denise Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99
DATE

Daytime Phone #

CR2E037 (1/98)