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Feb 05 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 # 762842 (3)

1. Corporation Name
**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL P
ALM SOCIETY, INC.**



Principal Place of Business 1107 NE 118 STREET BISCAYNE PARK FL 33161	Mailing Address 1107 NE 118 STREET BISCAYNE PARK FL 33161
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3. Date Incorporated or Qualified 04/12/1982	
4. FEI Number 59-2528151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	26. Country
24. Zip	29. Country
25. Country	30. Country

6. Name and Address of Current Registered Agent

**KEYS, DANIEL
1107 NE 118 STREET
BISCAYNE PARK FL 33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, KEN	
STREET ADDRESS	22845 SW 163RD AVE	
CITY-ST-ZIP	GOULDS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, KURT	
STREET ADDRESS	1445 TYLER STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEYS, DANIEL	
STREET ADDRESS	1107 NE 118TH ST	
CITY-ST-ZIP	BISCAYNE BEACH FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	KERN, RICK	
STREET ADDRESS	17980 N.W. 2 AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	CSDD	<input type="checkbox"/> DELETE
NAME	BUHLER, THEODORA	
STREET ADDRESS	311 EAST RIDGE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Olson	
1.3 STREET ADDRESS	30150 SW 170 Ave	
1.4 CITY-ST-ZIP	Homestead FL 33030	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howard Waddell	
2.3 STREET ADDRESS	6120 SW 132 Street	
2.4 CITY-ST-ZIP	Miami FL 33156	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Keys	
3.3 STREET ADDRESS	1107 NE 118th St	
3.4 CITY-ST-ZIP	Biscayne Park, FL 33161	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leonard Goldstein	
4.3 STREET ADDRESS	8101 SW 72 Ave # 313W	
4.4 CITY-ST-ZIP	Miami FL 33143	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Theodora Buhler	
5.3 STREET ADDRESS	311 EAST Ridge Drive	
5.4 CITY-ST-ZIP	Miami FL	
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 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: *Daniel Keys* Daniel Keys 1/21/98 305-460-5120

CR2E037 (10/97)