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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 855764

(7)

SOUTH COLLEGE OF THE PALM BEACHES, INC.

9. Name and Address of Current Registered Agent BARLOW, THOMAS M 1760 N CONGRESS AVE WEST PALM BEACH 33409 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. Lan familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature typed or pented name of registrochages and the it appealable. (NOTE Regist 12. OF FICERS AND DIRECTORS 1. THE PD DELETE 1. NAME SOUTH, JOHN T., III	83 84 e above-rized by the Statutes	City named corpo he corporatio	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg ess (P.O. Box Number is Not Acceptable pration submits this statement for the pure	\$8.75 Fee f \$5.00 Added Added	Applied For Not Applicable Additional Required D May Be d to Fees s. 199 032,
21 Suite, Apt. # etc. Suite, Apt. #, etc. 22 City & State Country Zip Country Signature to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Signature typed or pented name of registrocitages and title if appealable. (NOTE Regist 12. OF FICERS AND DIRECTORS 1.	81 82 83 84 e above-rized by tl Statutes. stered Apent 13.	City named corporation	58-1147090 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Regular Statutes 25. P.O. Box Number is Not Acceptable or the Statement for the public board of directors. I hereby accept the when reinstating)	\$8.75 Fee f \$5.00 Added Intangible tax under Yes No pistered Agent e) FL 85 Zip Urrpose of changing t the appointment a	Not Applicable Additional Required D May Be d to Fees s. 199.032, D Code its registered DRS IN 12
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CAMANNALLOA					
	1 4 CITY - ST 2 1 TITLE	ZIP		Change	Addition
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TAG MALL PLAN	2.2 NAME	Socon .			
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City St-Zir 6 6 14. I do hereby certify that the information supplied with this fit of does not qualify for t	the exem		in Section 119.07(3)(i). Florida Statutes	. I further certify the	at the

SIGNATURE:

SIGNATURE AND TYPE STRAINTED NAME TO GIGNING OFFICES ON D

1/10/5

President

913-651-8103

FILED

Jan 27 1997 8:00am

Secretary of State

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