

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001136 (8)**  
1. Corporation Name  
**HONEST BALLOT ASSOCIATION, INC.**



Principal Place of Business <b>300 ROYAL PALM BCH BLVD ROYAL PALM BCH FL 33411</b>	Mailing Address <b>300 ROYAL PALM BCH BLVD ROYAL PALM BCH FL 33411-7684</b>
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3. Date Incorporated or Qualified <b>03/06/1996</b>	3a. Date of Last Report
4. FEI Number <b>13-6185759</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WEISSMAN, LINDA  
300 ROYAL PALM BCH BLVD  
ROYAL PALM BCH FL 33411**

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	DC	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MURRAY	
STREET ADDRESS	6732 PALMERMO WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALIK, MARALIN	
STREET ADDRESS	76 TWIN OAKS DR	
CITY-ST-ZIP	KING PARK NY 11754	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEISSMAN, LINDA	
STREET ADDRESS	5510 N OCEAN DR TOWER 300-3B	
CITY-ST-ZIP	SINGER ISLAND FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schwartz, Murray	
1.3 STREET ADDRESS	6732 Palermo Way	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Falik, Maralin	
2.3 STREET ADDRESS	76 Twin Oaks Dr.	
2.4 CITY-ST-ZIP	King Park, NY 11754	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Weissman, Linda	
3.3 STREET ADDRESS	5510 N Ocean Dr Tower 300-3B	
3.4 CITY-ST-ZIP	Singer Island, FL 33404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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 \_\_\_\_\_

CR2E037 (9/96)