

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55323 (5)

1. Corporation Name

BUSINESS ASSISTANCE OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

% ROBERT PRICE
12495 SANDY RUN ROAD
JUPITER FL 33478

% ROBERT PRICE
12495 SANDY RUN ROAD
JUPITER FL 33478



| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 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 | Zip |
| 24 | Country | 29 | Country |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 12/30/1988 | 05/11/1995 |
| 4. FEI Number | Applied For |
| 65-0099450 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

PRICE, ROBERT
12495 SANDY RUN ROAD
JUPITER FL 33478

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when reappointing)

Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--------------------|
| TITLE | VP | 11 TITLE | PTS |
| NAME | PRICE, ROBERT | 12 NAME | Price, Robert |
| STREET ADDRESS | 12495 SANDY RUN ROAD | 13 STREET ADDRESS | 12495 Sandy Run Rd |
| CITY-ST-ZIP | JUPITER FL | 14 CITY-ST-ZIP | Jupiter FL 33478 |
| TITLE | PTS | 21 TITLE | |
| NAME | PRICE, JACKIE L | 22 NAME | |
| STREET ADDRESS | 12495 SANDY RUN RD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

407-747-3492

CR2E034 (3/96)