

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M38266 (6)  
1. Corporation Name  
**PALM BEACH COUNTY COUNCIL OF REALTORS, INC.**



Principal Place of Business: 3200 NORTH MILITARY TRAIL SUITE 100 BOCA RATON FL 33431  
Mailing Address: 3200 NORTH MILITARY TRAIL SUITE 100 BOCA RATON FL 33431-6311

3. Date Incorporated or Qualified: 09/12/1986  
3a. Date of Last Report: 04/23/1996  
4. FEI Number: 59-2787646  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 1200 U.S. Hwy 1 Suite, Apt. #, etc.  
22 NORTH PALM BEACH City & State  
23 1 Zip  
24 33408 Country  
25 P.B.  
2a. Mailing Address  
26 1200 U.S. Hwy 1 Suite, Apt. #, etc.  
27 NORTH PALM BEACH City & State  
28 33408 Country  
29 33408 30 PALM BEACH

9. Name and Address of Current Registered Agent  
DULLAGHAN, ELIZABETH L  
3200 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
81 Name: JOHN PODESTA  
82 Street Address (P.O. Box Number is Not Acceptable): 1200 U.S. Hwy 1  
83 NORTH PALM BEACH,  
84 City: FL 85 Zip Code: 33408

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]* PRES. *[Signature]* 3/14/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GERAKOPVLOS, MARY
STREET ADDRESS	3200 N. MILITARY TRAIL, STE 100
CITY - ST - ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	NANCY CARNEY
STREET ADDRESS	3700 E INDIANTOWN RD.
CITY - ST - ZIP	JUPITER FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST DOS SANTOS, JEAN
STREET ADDRESS	901 W INDIANTOWN RD
CITY - ST - ZIP	JUPITER FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V.P. PODESTA, JOHN
1.3 STREET ADDRESS	1200 U.S. HWY 1
1.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman Jean Dos Santos, Pres.* 3/11/97 561-747-7626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)