

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 28 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # M89521 (2)

1. Corporation Name
PALM BEACH NOTICES, INC.

Principal Place of Business P. O. BOX 123 JUPITER FL 33468	Mailing Address P. O. BOX 123 JUPITER FL 33468
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3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 04/28/1984
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2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0078644		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28	24	25	29	30		
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent

**FITZGERALD, DONNA DIRR
220 VENUS ST., #18
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name DONNA DIRR
82 Street Address (P.O. Box Number is Not Acceptable) 220 VENUS ST #18
83
84 City JUPITER
85 Zip Code FL 33458

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 *Donna Dirr*

DATE **4/25/95**

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signatures required when re-registering)

TITLE	D
NAME	FITZGERALD, DONNA DIRR
STREET ADDRESS	P. O. BOX 123 N/A
CITY-ST-ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	DONNA DIRR	
1.3 STREET ADDRESS	220 VENUS ST #18	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or otherwise, in an address.

SIGNATURE: *Donna Dirr*

DATE **4/25/95** 407 746-4400