

FILE NOW: FILING FEE IS \$61.25

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May 07 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02861** (5)

1. Corporation Name

**ST. MARY'S ANCILLARY SERVICES, INC.**



Principal Place of Business <b>901 45TH STREET WEST PALM BEACH FL 33407</b>	Mailing Address <b>901 45TH STREET WEST PALM BEACH FL 33407</b>
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3. Date Incorporated or Qualified <b>05/01/1984</b>
4. FEI Number <b>59-2445991</b>
Applied For <input type="checkbox"/> Not Applicable

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

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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LARCOMBE, VALERIE C 1309 N FLAGLER DR WEST PALM BEACH FL 33401</b>	
81 Name <b>Valerie G. Larcombe</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1309 No. Flagler Drive</b>
83	84 City <b>West Palm Beach</b>
85 Zip Code <b>33401</b>	

10. Name and Address of New Registered Agent	
81 Name	82 Street Address
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 **4/30/98**

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, RICHARD</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>LARCOMBE, VALERIE G</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>DUTCHER, PHIL</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>NASK, FRANK</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>PEARSON, ANDRALL</b>
STREET ADDRESS	<b>901 45TH STREET</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Frederick Adler</b>
1.3 STREET ADDRESS	<b>901 45th Street</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
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	<b>100002515811</b>
4.3 STREET ADDRESS	<b>-05/07/98--01096--005</b>
4.4 CITY-ST-ZIP	<b>***1843.75</b>
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Thomas McCloskey</b>
5.3 STREET ADDRESS	<b>901 45th Street</b>
5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Richard S. Johnson</b>
6.3 STREET ADDRESS	<b>901 45th Street</b>
6.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>

14. I 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  DATE **4/30/98**

CR2E037 (10/97)