

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08028 (5)**

200001784922  
-04/18/96--01011--009  
\*\*\*61.25

**PALM BEACH CHAPTER OF THE CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.**



Principal Place of Business: 760 US HWY ONE SUITE 301 N. PALM BEACH FL 33408 US  
Mailing Address: 760 US HWY ONE SUITE 301 NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified: 03/07/1985  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-2556482  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 25 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**JOHNSTON, LORNE C.  
760 US HWY ONE, SUITE 301  
NORTH PALM BEACH FL 33408**

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: *Lorne C. Johnston* **LORNE C. JOHNSTON** DATE: **FEB 14, 1996**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROUT, VIVIAN	
STREET ADDRESS	3600 REESE AVE	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITHE, LINDA	
STREET ADDRESS	17976 VIA RIO	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIGLIO, MICHAEL	
STREET ADDRESS	6910 CARISSA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, JAMES J.	
STREET ADDRESS	9815 WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, LORNE	
STREET ADDRESS	760 US HWY ONE, STE 301	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUNN, TERRENCE E.	
STREET ADDRESS	J760 US HWY ONE, STE 301	
CITY-ST-ZIP	N. PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOLAR, ROBIN M.	
1.3 STREET ADDRESS	3400 N. OCEAN DR, # 705	
1.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHAD, MAY ELLEN	
2.3 STREET ADDRESS	1700 EMBASSY DRIVE, STE 707	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401-1947	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ISRAEL, JOEL	
3.3 STREET ADDRESS	4131 BAYVIEW DR	
3.4 CITY-ST-ZIP	PT. LAUDERDALE, FL 33308	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, James J.	
4.3 STREET ADDRESS	9815-C Watermill Cr.	
4.4 CITY-ST-ZIP	Boynton Bch, FL. 33437	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CALDWELL, BRUCE	
5.3 STREET ADDRESS	1800 10th. AVE, NORTH	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KULIK, TOM	
6.3 STREET ADDRESS	4062 FOREST HILL BLVD	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

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: *James G. Davis* **James G. Davis** DATE: **4/10/96** DAYTIME PHONE: **407-734-9668**

CR2E037 (12/95)