

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)

1. Corporation Name

PALM BEACH CHAPTER OF THE CONSTRUCTION SPECIFICATIONS INSTITUTE, INC.

Principal Place of Business

Mailing Address

760 US HWY ONE  
SUITE 301  
N. PALM BEACH FL 33408  
US

760 US HWY ONE  
SUITE 301  
NORTH PALM BEACH FL 33408  
US

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1985		3a. Date of Last Report 03/02/1995	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-2556482		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

10. Name and Address of New Registered Agent

JOHNSTON, LORNE C.  
760 US HWY ONE, SUITE 301  
NORTH PALM BEACH FL 33408

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 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 FEB 14, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROUT, VIVIAN	1.2 NAME	TOLAR, ROBIN M.
STREET ADDRESS	3600 REESE AVE	1.3 STREET ADDRESS	3400 N. OCEAN DR, # 705
CITY-ST-ZIP	RIVIERA BCH FL	1.4 CITY-ST-ZIP	SINKER ISLAND, FL 33404
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITHE, LINDA	2.2 NAME	SCHAD, MAY ELLEN
STREET ADDRESS	17976 VIA RIO	2.3 STREET ADDRESS	1700 EMBASSY DRIVE, STE 707
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401-1947
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIGLIO, MICHAEL	3.2 NAME	ISRAEL, JOEL
STREET ADDRESS	6910 CARISSA CIRCLE	3.3 STREET ADDRESS	4131 BAYVIEW DR
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES J.	4.2 NAME	DAVIS, James J.
STREET ADDRESS	9815 WATERMILL CIRCLE	4.3 STREET ADDRESS	9815-C Watermill Cr.
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Boynton Beach, FL. 33437
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, LORNE	5.2 NAME	CALDWELL, BRUCE
STREET ADDRESS	760 US HWY ONE, STE 301	5.3 STREET ADDRESS	1800 10th. AVE, NORTH
CITY-ST-ZIP	N. PALM BEACH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNN, TERENCE E.	6.2 NAME	KULIK, TOM
STREET ADDRESS	J760 US HWY ONE, STE 301	6.3 STREET ADDRESS	4062 FOREST HILL BLVD
CITY-ST-ZIP	N. PALM BEACH FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Davis

4/10/96

Date

407-734-9668

Daytime Phone #

CR2E037 (12/95)