


FILE NOW: FILING FEE IS \$61.25

FILED

May 26 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N08028 (5)**

**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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/07/1985
4. FEI Number	59-2556482
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input 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

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

10. Name and Address of New Registered Agent

81 Name	<i>[Signature]</i>
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 *[Signature]* DATE 5/19/98

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOWD, COLLEEN	
STREET ADDRESS	16360 115TH AVE N	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWAB, MINDY	
STREET ADDRESS	225 SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, WARREN	
STREET ADDRESS	5070 WILLOW POND RD WEST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZITO, LORI	
STREET ADDRESS	4922 DYER BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, DANNY	
STREET ADDRESS	9312 WATER COURSE WAY	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KULIK, TOM	
STREET ADDRESS	4062 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT O. ADAMS	
1.3 STREET ADDRESS	760 US HWY ONE, #301	
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	M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOEL W. ISRAEL	
3.3 STREET ADDRESS	760 US HWY ONE #301	
3.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL J. GIGLIO	
4.3 STREET ADDRESS	760 US HWY ONE #301	
4.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
5.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Terrence Lunn, P.E.	
6.3 STREET ADDRESS	760 US Hwy One #301	
6.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	

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: *[Signature]* E-18-98P(86)625-11655

CP2E037 (10/97)