


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08484 (0) 1. Corporation Name UPLEDGER FOUNDATION, INC.					



Principal Place of Business 11211 PROSPERITY FARMS RD D-325 PALM BEACH GARDENS FL 33410 US		Mailing Address 11211 PROSPERITY FARMS ROAD D-325 PALM BEACH GARDENS FL 33410 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	

3. Date Incorporated or Qualified 04/02/1985	
4. FEI Number 59-2551433	Applied For <input type="checkbox"/> Not Applicable
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 ST. JOHN, KING & DICKER 800 AUSTRALIAN AVE. SO. SUITE 000 W. PALM BEACH FL 33401	
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10. Name and Address of New Registered Agent 81 Name CARE A. PODESTA, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 11382 PROSPERITY FARMS RD 83 SUITE 227 84 City Palm Beach Gardens FL 85 Zip Code 33410	
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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 <i>Cari A. Podesta</i> <i>Cari A. Podesta</i> 11/21/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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12. OFFICERS AND DIRECTORS	
TITLE PD NAME UPLEDGER, JOHN STREET ADDRESS 11211 PROSPERITY FRMS RD CITY-ST-ZIP PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE
TITLE SD NAME ST. JOHN, DAVID STREET ADDRESS 500 AUSTRALIAN AVE, S. CITY-ST-ZIP W PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME TEACHMAN, MARY J STREET ADDRESS 1008 OCEAN DRIVE CITY-ST-ZIP JUNO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME SABLE, WILLIAM STREET ADDRESS 11211 PROSPERITY FARMS RD CITY-ST-ZIP PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME LYNCH, BOB 1.3 STREET ADDRESS 14046 HARBOR LANE 1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D/SIT 2.2 NAME WILKINSON, JOHN 2.3 STREET ADDRESS SOUTH COLLEGE 2.4 CITY-ST-ZIP W. Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D/V 3.2 NAME SMITH, KAY 3.3 STREET ADDRESS 955 HELLBORO MILE 3.4 CITY-ST-ZIP HELLBORO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE D 4.2 NAME LAWRENSEN, NANETTE 4.3 STREET ADDRESS 246 EAGLETON LAKES BLVD. 4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>William Sable</i>	4/28/98 (201) 682-4334
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CR2E037 (10/97)