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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08941
 1. Corporation Name
LEADERSHIP PALM BEACH COUNTY, INC.

Principal Place of Business 901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US	Mailing Address 901 NORTHPOINT PARKWAY SUITE 102 WEST PALM BEACH FL 33407 US
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2. Principal Place of Business 21 1001 Alternate A1A Suite, Apt. #, etc.	2a. Mailing Address 26 1001 Alternate A1A Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/26/1985
22 Bayside Building City & State	27 Bayside Building City & State	4. FEI Number 59-2569097
23 Jupiter, FL 33477 Zip Country	28 Jupiter, FL 33477 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <input type="checkbox"/> 25 USA	29 <input type="checkbox"/> 30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
CHISMAR, GEORGE
 901 NORTHPOINT PARKWAY, 102
 WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
 81 Name **Kathy Bush**
 82 Street Address (P.O. Box Number is Not Acceptable)
Bayside Bldg. 1001 Alternate A1A
 83 **Jupiter, FL 33477**
 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 Kathy Bush DATE 1/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	CHISMAR, GEORGE	
STREET ADDRESS	901 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERTISCH, ROBERT	
STREET ADDRESS	423 FERN STREET, SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SUGARMAN, JIM	
STREET ADDRESS	2701 N. AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRIELOW, GARY	
STREET ADDRESS	2700 P.G.A. BULD., #203	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, DEBORAH	
STREET ADDRESS	3372 FOREST HILL BLVD., WING A	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MD Kathy Bush	
1.3 STREET ADDRESS	1001 Alternate A1A	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)