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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09840 (2)
1. Corporation Name
N.P.B. - P.B.G. JAYCEES, INC.



Principal Place of Business 745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408	Mailing Address 745 U.S. HIGHWAY 1 P.O. BOX 14234 N PALM BCH FL 33408-0234
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1985		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2342685		Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VOLPI, JIM NORTH BRIDGE CENTER 515 N FLAGLER DR., STE 300 PAVILION WEST PALM BCH. FL 33401 <i>1801 AUSTRALIAN AVE S</i> <i>SUITE 102</i> <i>WEST PALM BEACH, FL 33409</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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, 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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, JILL A	1.2 NAME	SHERI WOODS
STREET ADDRESS	4815 SABLE PINE CIR, D2	1.3 STREET ADDRESS	3080 WINDWARD LN
CITY-ST-ZIP	W PALM BCH FL 33417	1.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, SHERRY	2.2 NAME	RICHARD TURNER
STREET ADDRESS	4920 SAND DUNE CIR #103	2.3 STREET ADDRESS	4200 OAC ST
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANZO, KIRK	3.2 NAME	ANDREW MOFFETT
STREET ADDRESS	5086 MICHIGAN AVE	3.3 STREET ADDRESS	417 NORTHLAKE CT. #8
CITY-ST-ZIP	WEST PALM BEACH FL 33415	3.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANYAS, MIKE	4.2 NAME	BANYAS MIKE
STREET ADDRESS	4099 B PALM BAY CIR	4.3 STREET ADDRESS	4099 B PALM BAY CIR
CITY-ST-ZIP	WEST PALM BEACH FL 33408	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD	5.2 NAME	
STREET ADDRESS	9258 GREENMEADOW WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____ TREASURER / DIRECTOR _____ (661) 655-0551

CR2E037 (9/96)