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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09840

(2)

1. Corporation Name

N.P.B. - P.B.G. JAYCEES, INC.

Principal Place of Business

Mailing Address

745 U.S. HIGHWAY 1  
P.O. BOX 14234  
N PALM BCH FL 33408

745 U.S. HIGHWAY 1  
P.O. BOX 14234  
N PALM BCH FL 33408

3. Date Incorporated or Qualified

06/19/1985

4. FEI Number

59-2342685

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLPI, JIM  
1801 AUSTRALIAN AVE S  
STE. 102  
WEST PALM BCH. FL 33409

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

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  
NAME WOODS, SHERRI  
STREET ADDRESS 3080 WINDWARD LANE  
CITY-ST-ZIP LANTANA FL

1.1 TITLE 3  
1.2 NAME SCALAMANDRE, CHRISTINE  
1.3 STREET ADDRESS 12871 Briarlake Drive, HQ03  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE TD  
NAME TURNER, RICHARD  
STREET ADDRESS 4200 OAK ST  
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE  
2.2 NAME SAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MOFFETT, ANDREW  
STREET ADDRESS 417 NORTHLAKE CT, #B  
CITY-ST-ZIP NORTH PALM BEACH FL

3.1 TITLE  
3.2 NAME SAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME MIXE, BANYAS  
STREET ADDRESS 4099 B PALM BAY CIR  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE CD  
4.2 NAME MIKE BANYAS  
4.3 STREET ADDRESS 833 COTTON BAY DR W809  
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE P  
5.2 NAME VICKY SILLS  
5.3 STREET ADDRESS 6296 DANIA ST  
5.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE:

RICHARD C. TURNER  
TREASURER

4/24/98 561-624-2118

CR2E037 (10/97)