SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18593

1. Corporation Name

PALM BEACH POPS ORCHESTRA, INC.

Principal Place of Business
1395 N KILLIAN DR
SUITE 1
LAKE PARK FL 33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

P.O. BOX 13075

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

NORTH PALM BEACH FL 33408

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90007 008 ****61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/31/1986

65-0185581

4. FEI Number

23							Fee Rec	puileu	
Zip	Country	Zip	Country	/	6. Election Campaign Financi	6. Election Campaign Financing \$5.00 May Be			
24	25	29 3	0		Trust Fund Contribution		Added to Fees		
Name and Address of Current Registered Agent					10. Name and Address of Ne	w Registered A	gent		
			81	Name					
DE BANG, RICHARD				Street	Address (P.O. Box Number is Not Acc	entable)			
1395 N KILLIAN DR			82	00					
LAKE PARK FL 33403			83		-				
SECRET SEC.			. 84	City			85 Zip C	nde	
7.5.				City		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		13.		ADDITIONS/CHANGES TO	OFFICERS AND	_		
ΠLE	D	☐ DELETE 1.11		- 1			Change	☐ Addition	
NAME	PEARSON, FREDERICK K PHD 12N		1.2 NAME					İ	
STREET ADDRESS	1399 N KILLIAN DR		1.3 STREE	TADDRESS				ļ	
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY-5	T-ZIP					
TITLE	DP	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	orr, Linda		2.2 NAME	Ì	•			}	
STREET ADDRESS	1399 N KILLIAN DR		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33403	المنصور المساسا	2. 4 CITY-	ST-ZIP	- ^-		-		
TITLE	VPD	DELETE	3.1 TITLE		DYP		Change	Addition	
NAME	WOODY, ELIZABETH G		3.2 NAME		RICHARD BULOW				
STREET ADDRESS	4470 NORTHLAKE BLVD.		3.3 STREE	TADDRESS	217 NO. COUNTRY RD .				
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	110	3.4. CITY-	ST-ZIP	ATLANTIS, FL . 33462				
TILE	VPD	DELETE	4.1 TITLE		DVP		Change	Addition	
NAME	STEINBACH, SUSAN L		4. 2 NAME		JEANNE BULOW			,	
STREET ADDRESS	4470 NORTHLAKE BLVD.		4.3 STREE	T ADDRESS	217 No. COUNTRY CLU	RO.			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	110	4.4 CITY-5	T-ZIP	ATLANTIS, GL. 33462				
TITLE	D	DELETE	5.1 TITLE		•	•	☐ Change	☐ Addition	
NAME	TOWERS, STACEY	AA	5.2 NAME					-	
STREET ADDRESS	CITIBANK F.S.B. 11521 US HIG	HWAY ONE	5.3 STREE	T ADDRESS				İ	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		5.4 CITY-5	T-ZIP					
TITLE	VCD .	> <mark>≱</mark> DELETE	6.1 TITLE				☐ Change	Addition	
NAME	BROWN, T G PA	-	6.2 NAME					-	
STREET ADDRESS	324 DATURA ST SUITE 312		6.3 STREE	T ADDRESS				Ì	
1	WEST PALM BEACH FL 33401		6.4 CITY-S	ST-ZIP	<u> </u>				
44 11		this filling does not availed for t			in Section 119 07/3\(\)(i) Florida Statut	on I further cortif	that the in	formation	

14. It 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 enjoyeered 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 a latachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PHINTED HAND OF SIGNING PRICER OR DIRECTOR

My 1999 (561)624-5775

CR2E037 (5/99)

Applied For

\$8.75 Additional

Not Applicable