

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N19137 (1)

1. Corporation Name
VARIETY CLUB OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address
**339J ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

APPROVED AND FILED
5-1-95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1987	3a. Date of Last Report 02/03/1994
4. FBI Number 59-2806086	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2875 SO. OCEAN BLVD. Suite, Apt. #, etc	2a. Mailing Address 26 2875 SO. OCEAN BLVD. Suite, Apt. #, etc
22 SUITE 200, #7 City & State	27 SUITE 200, #7 City & State
23 PALM BEACH, FL Zip Country	28 PALM BEACH, FL Zip Country
24 33480 25 USA	29 33480 30 USA

9. Name and Address of Current Registered Agent

**MARK H. MIRKIN
QUARLES & BRADY
515 N. FLAGLER DR., #503
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAPIRO, IRVING
STREET ADDRESS	2425 PRESIDENTIAL WAY
CITY ST ZIP	W. PALM BEACH FL
TITLE	D
NAME	SCHULTZ, IVAN
STREET ADDRESS	131 DAVIT DR
CITY ST ZIP	N PALM BCH FL
TITLE	VD
NAME	BASKIN, ARLENE
STREET ADDRESS	PLYMOUTH D-31
CITY ST ZIP	W PALM BCH FL
TITLE	C
NAME	MINSKY, HOWARD G.
STREET ADDRESS	434 CHILEAN AVE.
CITY ST ZIP	PALM BEACH FL
TITLE	TD
NAME	BENNETT, PAUL G.
STREET ADDRESS	4502 WATER OAK CT.
CITY ST ZIP	PALM BCH GRDNS FL
TITLE	D
NAME	MEINHARDT, IRA
STREET ADDRESS	925 W. CYPRESS LANE
CITY ST ZIP	POMPANO BCH. FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	K Change <input type="checkbox"/> Addition
12 NAME	PRESIDENT
13 STREET ADDRESS	BASKIN, ARLENE
14 CITY ST ZIP	PLYMOUTH, D-31 WEST PALM BEACH, FL 33417
21 TITLE	K Change <input type="checkbox"/> Addition
22 NAME	C
23 STREET ADDRESS	SHAPIRO, IRVING
24 CITY ST ZIP	2425 PRESIDENTIAL WAY #1504 WEST PALM BEACH, FL 33401
31 TITLE	K Change <input type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	MARTIN I. ADLER
34 CITY ST ZIP	352 EAGLE DRIVE JUPITER, FL 33477
41 TITLE	K Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	ALVIN SHULMAN
44 CITY ST ZIP	4605 S. OCEAN BLVD., #58 HIGHLAND BEACH, FL 33487
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Arlene H. Baskin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date