

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
2875 S OCEAN BLVD SUITE 200 7 PALM BEACH FL 33480 US	2875 S OCEAN BLVD SUITE 200 7 PALM BEACH FL 33480 US

3. Date Incorporated or Qualified 02/09/1987	3a. Date of Last Report 05/01/1995
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
**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 **Theresa Flanzig**
82 Street Address (P.O. Box Number is Not Acceptable)
8217 Horseshoe Bay Rd.
83
84 City **Boynton Beach** FL 85 Zip Code **33437**

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 *Theresa Flanzig* **THERESA FLANZIG** 4/26/96
Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BASAKIN, ARLENE	
STREET ADDRESS	PLYMOUTH D-31	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SHAPIRO, IRVING	
STREET ADDRESS	2425 PRESIDENTIAL WAY 1504	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADLER, MARTIN H	
STREET ADDRESS	352 EAGLE DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHULMAN, ALVIN	
STREET ADDRESS	4805 S OCEAN BLVD 58	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, PAUL G.	
STREET ADDRESS	4502 WATER OAK CT.	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P BASKIN, Arlene
13 STREET ADDRESS	Plymouth D-31
14 CITY-ST-ZIP	West Palm Beach, FL.
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D Harold Nectow
53 STREET ADDRESS	2780 S.Ocean Blvd., #110
54 CITY-ST-ZIP	Palm Beach, FL. 33480
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 119.07(3)(k), 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: *Alvin Shulman* **PRESIDENT** 4/26/96 684-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)