

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19137 (1)**  
1. Corporation Name  
**VARIETY CLUB OF THE PALM BEACHES, INC.**



Principal Place of Business <b>2875 S OCEAN BLVD SUITE 200 7 PALM BEACH FL 33480 US</b>	Mailing Address <b>2875 S OCEAN BLVD SUITE 200 7 PALM BEACH FL 33480 US</b>
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3. Date Incorporated or Qualified <b>02/09/1987</b>
4. FEI Number <b>59-2806086</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Zip <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BASKIN, ARLENE A  
PLYMOUTH D-31  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
**81 Name HAROLD NECTOW  
82 Street Address (P.O. Box Number is Not Acceptable) 2780 OCEAN BLVD, #110  
83 PALM BEACH  
84 City  
FL 85 Zip Code 33480**

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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: *Harold Nectow* **HAROLD NECTOW** DATE: **4/13/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>BASKIN, ARLENE</b>	
STREET ADDRESS	<b>PLYMOUTH D-31</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/>
NAME	<b>SHAPIRO, IRVING</b>	
STREET ADDRESS	<b>2425 PRESIDENTIAL WAY 1504</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>ADLER, MARTIN H</b>	
STREET ADDRESS	<b>352 EAGLE DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SHULMAN, ALVIN</b>	
STREET ADDRESS	<b>4805 S OCEAN BLVD 58</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>NECTOW, HAROLD</b>	
STREET ADDRESS	<b>2780 S. OCEAN BLVD #110</b>	
CITY-ST-ZIP	<b>PALM BCH GRDNS FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>SHULMAN, ALVIN</b>		
4.3 STREET ADDRESS	<b>17281 BRIDLEWAY TR.</b>		
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>		
5.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>NECTOW, HAROLD</b>		
5.3 STREET ADDRESS	<b>2780 OCEAN BLVD. #110</b>		
5.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Harold Nectow* **HAROLD NECTOW** DATE: **4/13/98** (561) 738-2618

CR2E037 (10/97)