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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22434

1. Corporation Name

EXCHANGE CLUB BOYNTON/DELRAY, INC.

Principal Place of Business

P.O. BOX 6221
 DELRAY BEACH FL 33484
 US

Mailing Address

P.O. BOX 6221
 DELRAY BEACH FL 33484
 US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/10/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0026334
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PENANSKY, ED
825 N.W. 29TH AVE.
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

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

Ed. Penansky

3-27-99

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLELLA, GUY	1.2 NAME	BILL GULBRANDSEN
STREET ADDRESS	6651 PIERPOINT DR	1.3 STREET ADDRESS	9227 PALMINO DR
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	PE <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULBRANDSEN, BILL	2.2 NAME	MIKE WIGDERSON
STREET ADDRESS	9227 PALMINO DR	2.3 STREET ADDRESS	221 NO. SEACREST CIRLE
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENANSKY, ED	3.2 NAME	ED PENANSKY
STREET ADDRESS	825 N.W. 29TH AVE	3.3 STREET ADDRESS	825 N.W. 29TH AVE.
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCA, RALPH	4.2 NAME	RALPH CONCA
STREET ADDRESS	10135 EAGLEWOOD TERRACE	4.3 STREET ADDRESS	10135 EAGLEWOOD TERRACE
CITY-ST-ZIP	BOYNTON BEACH FL 33436	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMIANO, CHRIS	5.2 NAME	GUY COLELLA
STREET ADDRESS	6651 PIERPOINT DR	5.3 STREET ADDRESS	5277 CEDAR LAKE ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENHUT, MARVIN	6.2 NAME	MARVIN GREENHUT
STREET ADDRESS	8758 CHUNNEL TERRACE	6.3 STREET ADDRESS	8758 CHUNNEL TERRACE
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	BOCA RATON, FL. 33433

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, with all other like empowered.

SIGNATURE:

Ed. Penansky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99

Date

(561) 278-2605

Daytime Phone #