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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 # N41066

1. Corporation Name

THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNTY, INC.

Principal Place of Business

75 VISTA DEL RIO
BOYNTON BCH FL 33425
US

Mailing Address

75 VISTA DEL RIO
BOYNTON BEACH FL 33424
US



2. Principal Place of Business 21 5317 Sunrise Blvd.		2a. Mailing Address 26 5317 Sunrise Blvd.		3. Date Incorporated or Qualified 11/29/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0230310	
City & State 23 Delray Beach, FL		City & State 28 Delray Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 33484 25 USA		Zip Country 29 33484 30 USA		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

MCDONOUGH, MICHAEL
12798 FOREST HILL BLVD
S201A
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA SHAPIRO	1.2 NAME	Robert Schiesher
STREET ADDRESS	190 MASTIC TREE COURT	1.3 STREET ADDRESS	452 Australian Circle
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	Lake Park, FL 33403
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JODY	2.2 NAME	Ronald Dolislager
STREET ADDRESS	1 HARBOR SIDE DRIVE	2.3 STREET ADDRESS	75 Vista DelRio
CITY-ST-ZIP	DELRAY BCH FL 33483	2.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUIER, ROBERT	3.2 NAME	Phyllis Dolislager
STREET ADDRESS	5070 OCEAN DRIVE, #2C	3.3 STREET ADDRESS	75 Vista DelRio
CITY-ST-ZIP	SINGER ISLAND FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CIMINO	4.2 NAME	Jack Smith
STREET ADDRESS	855 HAWTHORN DR	4.3 STREET ADDRESS	2230 SW Whitemarsh Way
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIESHER, LORRAINE	5.2 NAME	Priscella Geiffert
STREET ADDRESS	452 AUSTRALIAN CIRCLE	5.3 STREET ADDRESS	3082 Cat Cay Road
CITY-ST-ZIP	LAKE PARK FL	5.4 CITY-ST-ZIP	Lantana, FL 34957
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLINE, LUCY	6.2 NAME	Ruby Pimental
STREET ADDRESS	5317 SUNRISE BLVD.	6.3 STREET ADDRESS	4349 Forest Hill Drive
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	West Palm Beach, FL 33406

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

561-496-1235

Daytime Phone #

CR2E037 (1/98)