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Mar 09 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 # N45162 (7)**

1. Corporation Name  
**NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS-BO  
CA/DELRAY CHAPTER, INC.**

Principal Place of Business <b>P.O. BOX 985 BOCA RATON FL 33429</b>	Mailing Address <b>11921 LAKE TREE COURT BOCA RATON FL 33498 -US-</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
<b>25</b>	<b>30</b>

9. Name and Address of Current Registered Agent <b>MAZZA, MARLENE A. CPA 11930 LAKE TREE COURT BOCA RATON FL 33498</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>MINDY A FELDMAN CPA</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>500 NE Spanish River Blvd #205</b> <b>84</b> City <b>BOCA RATON</b> <b>FL</b> <b>85</b> Zip Code <b>33431</b>
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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 *Mindy A Feldman* **3/3/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BLOOM, ROCHELLE</b>	
STREET ADDRESS <b>6016 VISTA LINDA LANE</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <del><b>BUSH, BOBRA</b></del>	
STREET ADDRESS <del><b>7001-A W PALMETTO PARK ROAD #204B</b></del>	
CITY-ST-ZIP <del><b>BOCA RATON FL</b></del>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <del><b>MINERLEY, JAANA</b></del>	
STREET ADDRESS <del><b>2401 N.W. CORPORATE BLVD.</b></del>	
CITY-ST-ZIP <del><b>BOCA RATON FL</b></del>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <del><b>MAZZA, MARLENE A. CPA</b></del>	
STREET ADDRESS <del><b>11270 ISLAND LAKES AVE.</b></del>	
CITY-ST-ZIP <del><b>BOCA RATON FL</b></del>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <del><b>KONDRACKI, MARIA</b></del>	
STREET ADDRESS <del><b>6880 NORTH ANDREWS AVE #250</b></del>	
CITY-ST-ZIP <del><b>FORT LAUDERDALE FL</b></del>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SALAMONE, ANN</b>
2.3 STREET ADDRESS	<b>3950 RCA Blvd, Suite 5003</b>
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL 33410</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MOISIO, JAANA</b>
3.3 STREET ADDRESS	<b>750 SOUTH DIXIE HIGHWAY</b>
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FELDMAN, MINDY A</b>
4.3 STREET ADDRESS	<b>500 NE Spanish Rvr Blvd, #205</b>
4.4 CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GORDON, WANDA</b>
5.3 STREET ADDRESS	<b>7690 NW 10 Street</b>
5.4 CITY-ST-ZIP	<b>Plantation FL 33322</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mindy A Feldman* **3/3/98** **561-292-1010**

CR2E037 (10/97)