	NONPROFIT CORPORATION			TER AUGUST 7, 199 T DUE TO REINSTATE: 1 PARTMENT OF STATE				
	NNUAL REPORT		Secr	ra B. Mortham etary of State		FILED		
DOC	1996 CUMENT #	N46030	DIVISION C	OF CORPORATIONS		96 AUG 28 AH		
1. Corpo	oration Name	1140030						
	MEN'S BAS PALM BEAC		SECRETARY OF STATE TALLAHASSEE, FLORIDA SUCCIONAL SET 1 103 -09/06/98 -01051002					
Principa!	Principal Place of Business Mailing Address					-03/0; ****	3798 -01 20 00	051 -002 *****70.00
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					3.	Date Incorporated or Qualified	3a. Date	of Last Report
2. Princip 21 18	al Place of Business 01 Stonehaven	Drive 2a. N	Mailing Address		4.	November 13, 199		1, 1995
Suite, /	Apt #, etc	s	uite, Apt. #, etc.	naven Drive	I	65-0299456		Applied For Not Applicable
City &		27	ity & State			Certificate of Status Desired	[R] \$	8.75 Additional Fee Required
23 Boy	nton Beach, FI	28 Be	ovnton Bea		6 . E	Election Campaign Financing frust Fund Contribution		\$5.00 May Be Added to Fees
24	25 Pal	m Beach 29	°33462	Country 30 Palm Bead	ab 8. 1	his corporation has liability for	intangible tax	under s. 199 032.
		ess of Current Register			10. N	Name and Address of New Ro	Yes No	o nt
*	Robert E. B	ourne, Jr. Es	quire					
4	Lake Worth.	enue, Suite 3 Florida 3346	} .0	83	Address (P.C). Box Number is proaccepta	ble)	
•	,		.0			400	OP	
11. Pursua	nt to the provisions of Sect	ions 617 0502 and 617 1	500 Florida Co	84 City		Valle	Fi 85	
	nt to the provisions of Sect or registered agent, or both I am familiar with, and acce	in the State of Florida S	Such change was a	es, the above-named r				1
CICKIATOR		opt the obligations of, Se	ction 617.0503. Fic	authorized by the corporida Statutes	corporation s oration's boa	submits this statement for the part of directors. I hereby accepting	ourpose of chargot the appointment	iging its registered
SIGNATUR	=	-		onda otaloles.		, 4000	ourpose of char of the appointm	iging its registered ent as registered
12.	Signature typed or printed name	-	Hainle (NOTE	authorized by the corporate Statutes. Registered Agent signature in 13.	required when rein	istating)	DATE	erit as registered
12.	Signature typed or printed name OF President Davis, Jay	of registered agree and tide it app FICERS AND DIRECTOR	Hoanle /Norte	Hegistered Agent signature in 13.	required when rein ADI	DITIONS/CHANGES TO OFFICION TO THE CONTROL OF THE C	DATE	ent as registered
12. HILE P HAME HREET ADDRESS	President Davis, Jay 2850 S.W. 4	of registerial agent and life Large FICERS AND DIRECTOR	Hainle (NOTE	Registered Agent signature in	Presi	DITIONS/CHANGES TO OFFIC Ident /Director	DATE CERS AND DIRE	CTORS IN 12
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SIGNATURE: Bob Edmiston, Secretary

SIGNATURE AND PEO OR PRHYSEO JAME OF SEALING OFFICER OR DIRECTOR

August 26, 1996 (561) 585-9090