
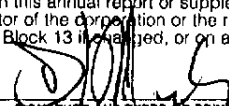


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1150448 1. Corporation Name PALM BEACH LACROSSE CLUB, INCORPORATED					
Principal Place of Business 1421 ALLEN AVENUE DELRAY BEACH FLA			Mailing Address 2510 ANCHORAGE COVE D-2 PORT ST. LUCIE FLA 34952		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 8-18-92	
21 22 23 24		26 27 28 29		3a. Date of Last Report 2-7-96 4. FEI Number 65-0378195 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DENNIS J. MURPHY 2510 SE ANCHORAGE COVE D-2 PORT ST. LUCIE FLA 34952			10. Name and Address of New Registered Agent 81 Name DENNIS MURPHY 82 Street Address (P.O. Box Number is Not Acceptable) 2400 SO OCEAN DRIVE # 7043 83 City FT. PIERCE 84 State FL 85 Zip Code 34949		
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 DENNIS J. Murphy (NOTE: Registered Agent signature required when reinstating) DATE 6/27/97					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. President/Director <input type="checkbox"/> DELETE MICHAEL GALVIN 180 ELAINE ROAD WEST PALM BEACH FLA 2. VP & Director <input type="checkbox"/> DELETE MICHAEL HILL 8284 VILLA BELLA BOCA RATON FLA 3. SEC & Director <input type="checkbox"/> DELETE DENNIS MURPHY 2510 SE ANCHORAGE COVE D-2 PORT ST. LUCIE FLA 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President & Director 1.2 NAME MICHAEL GALVIN 1.3 STREET ADDRESS 180 ELAINE ROAD WEST PALM BEACH FLA 1.4 CITY-ST-ZIP WEST PALM BEACH FLA 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP & T & Director 2.2 NAME MICHAEL HILL 2.3 STREET ADDRESS 8284 VILLA BELLA 2.4 CITY-ST-ZIP BOCA RATON FLA 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEC & Director 3.2 NAME DENNIS MURPHY 3.3 STREET ADDRESS 2400 SO. OCEAN DRIVE 7043 3.4 CITY-ST-ZIP FT. PIERCE FLA 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 do 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:  DATE **6/27/97** 561-462-1590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)