


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000000254 (3)**

1. Corporation Name

ASSOCIATION OF PROFESSIONAL SALES WOMEN OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**500 W. CYPRESS RD
STE. 290
FT. LAUDERDALE FL 33309
US**

**503 S.E. 7TH AVENUE
DEERFIELD BEACH FL 33441-4827
US**



3. Date Incorporated or Qualified **01/22/1993** 3a. Date of Last Report **01/26/1996**

| | | | |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0386941 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 Country | 29 Country | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENICH, CAROLE S.
503 S.E. 7TH AVENUE
DEERFIELD BEACH FL 33441**

| | |
|-------------------------------------------------------|-----------|
| 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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREENICH, CAROLE S | 1.2 NAME | MARA REUBEN |
| STREET ADDRESS | 503 SE 7TH AVENUE | 1.3 STREET ADDRESS | 2707 N. OCEAN BLVD. |
| CITY - ST - ZIP | DEERFIELD BEACH FL 33441 | 1.4 CITY - ST - ZIP | BOCA RATON FL 33431 |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AHEARN, KATHLEEN | 2.2 NAME | |
| STREET ADDRESS | P. O. BOX 1199 N/A | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33429 | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENNINGTON, JULI | 3.2 NAME | |
| STREET ADDRESS | 10760 CRESTEENDO CIRCLE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33498 | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARA REUBEN | 4.2 NAME | |
| STREET ADDRESS | 2707 N. OCEAN BLVD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33431 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

Mara Reuben **MARA REUBEN 1/2/97**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone # 0042769

CR2E037 (9/96)