

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002598 (0)

1. Corporation Name

INDEPENDENT PRODUCERS OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

9442 BLOOMFIELD DR
PALM BEACH GARDENS FL 33410

9442 BLOOMFIELD DR
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3800 Washington Rd

26 222 Lakeview Ave

Suite, Apt. #, etc.

22 901

Suite, Apt. #, etc.

27 245 160-245

City & State

23 West Palm Beach FL

City & State

28 West Palm Beach FL

Zip

24 33401

Country

25 Palm Beach

Zip

29 33401

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, DANIEL T
3502 Henderson Blvd.
Tampa FL 33609

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
NAME KOHAN, ELAYNE
STREET ADDRESS 1561 S CONGRESS AVE., STE 120
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

11 TITLE D/T
12 NAME Elayne Kohan
13 STREET ADDRESS 744 Springdale Cir
14 CITY-ST-ZIP Palm Springs FL 33461

☒ Change ☐ Addition

TITLE D
NAME GORRAN, JODY
STREET ADDRESS P.O. BOX 20603 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33416

☒ DELETE

21 TITLE D/S
22 NAME BAMBBI SWARTZ
23 STREET ADDRESS 6503 N MILITARY TRAIL
24 CITY-ST-ZIP #1906 BOCA RATON, FL 33496

☒ Addition

TITLE D
NAME BERNARD, FRANCINE
STREET ADDRESS 184 SUNSET SUITE 4
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

31 TITLE D/S
32 NAME Francine Bernard
33 STREET ADDRESS 234 Park Avenue
34 CITY-ST-ZIP Palm Beach FL 33480

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE D/P
42 NAME James A. Haney
43 STREET ADDRESS 1055 Old Boynton Rd
44 CITY-ST-ZIP Boynton Beach FL 33426

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elayne Kohan

4/27/96

407-965-4584

PC 5/10/96

CR2E037 (12/95)