

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 # N94000003400 (8)

1. Corporation Name

PALM BEACH PROFESSIONAL PHARMACEUTICAL REPRESENT
ATIVES' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~203 CHARTER WAY~~
WEST PALM BEACH FL 33407

~~203 CHARTER WAY~~
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 5377 Grand Park PL

26 Same as

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Boca Raton FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33486

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, JASON
203 CHARTER WAY
WEST PALM BEACH FL 33407

81 Name ~~West~~ Ira Steinhardt

82 Street Address P.O. Box Number is Not Applicable
5377 Grand Park PL

83

84 City Boca Raton FL 85 Zip Code 33486

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

~~West~~ Steinhardt Ira Steinhardt

1/23/96

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 ☐ DELETE
NAME ANDREAS, ELISE
STREET ADDRESS 1318 13TH LANE
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HIPPLER, SANDRA
STREET ADDRESS 2551 PEPPERWOOD CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PERRY, ELLEN
STREET ADDRESS 2359 TREASURE ISLE DR., A37
CITY-ST-ZIP PALM BEACH GARDENS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STEINHARDT, IRA
STREET ADDRESS 5377 GRAND PARK PL
CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WEST, JASON
STREET ADDRESS 203 CHARTER WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407

5.1 TITLE Same ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 215 Charter Way
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

1/22/96

Date

68774415

Daytime Phone #

CR2E037 (12/95)