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Apr 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
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DOCUMENT # **N94000003400 (8)**

1. Corporation Name

PALM BEACH PROFESSIONAL PHARMACEUTICAL REPRESENTATIVES' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5377 GRAND PARK PL
BOCA RATON FL 33486
US

5377 GRAND PARK PL
BOCA RATON FL 33486-1452
US



3. Date Incorporated or Qualified **07/05/1994** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc. 1318 13TH LANE	26	Suite, Apt. #, etc. 1318 13TH LANE
22	City & State PALM BEACH GARDENS FL	27	City & State PALM BEACH GARDENS FL
23	Zip 33418	28	Country USA
24	Country USA	29	Zip 33418
25	Country USA	30	Country USA

4. FEI Number **NOT APPLICABLE** Applied For ☒ Not Applicable

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

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

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

STEINHARDT, IRA
5377 GRAND PARK PL
BOCA RATON FL 33486

81	Name ELISE ANDREAS
82	Street Address (P.O. Box Number is Not Acceptable) 1318 13TH LANE
83	
84	City PALM BEACH GARDENS FL
85	Zip Code 33418

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)

3/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREAS, ELISE	1.2 NAME	ANDREAS, ELISE
STREET ADDRESS	1318 13TH LANE	1.3 STREET ADDRESS	1318 13TH LANE
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIPPLER, SANDRA	2.2 NAME	STADMAN, SARAH
STREET ADDRESS	2551 PEPPERWOOD CIRCLE	2.3 STREET ADDRESS	1403 14TH WAY
CITY - ST - ZIP	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	W. PALM BEACH, FL 33407
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, ELLEN	3.2 NAME	DONOHAN, BOB
STREET ADDRESS	2359 TREASURE ISLE DR., A37	3.3 STREET ADDRESS	712 LEMON GRASS LANE
CITY - ST - ZIP	PALM BEACH GARDENS FL	3.4 CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINHARDT, IRA	4.2 NAME	BARBARA BLANKENSHIP
STREET ADDRESS	5377 GRAND PARK PL	4.3 STREET ADDRESS	2014 NORMANDY CIRCLE
CITY - ST - ZIP	BOCA RATON FL 33486	4.4 CITY - ST - ZIP	W. PALM BEACH, FL 33409
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JASON	5.2 NAME	
STREET ADDRESS	215 CHARTER WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

561/308-7847

Date

Daytime Phone # 0045043

CR2E037 (9/96)