

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003484 (2)

1. Corporation Name

PALM BEACH COUNTY MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**324 DATURA ST.
SUITE 401
WEST PALM BEACH FL 33401**

**324 DATURA ST.
SUITE 401
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 S. BISCAYNE BLVD.
MIAMI FL 33131**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, SCOTT L	
STREET ADDRESS	505 S. FLAGLER DRIVE #900	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTROW, HAROLD	
STREET ADDRESS	6585 KENSINGTON LANE #206	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, HARMA	
STREET ADDRESS	1241 NW AVENUE D	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANO, MARTA	
STREET ADDRESS	11780 US HIGHWAY 1 #301 2000 PGA Blvd. #2104	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALEY, E. J REP.	
STREET ADDRESS	3003 S. Congress Ave. #2D	
CITY-ST-ZIP	50 S. MILITARY TRAIL, SUITE 205 WEST PALM BEACH FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALECKI, JEAN M	
STREET ADDRESS	826 EVERNIA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Schenck Jr.	
1.3 STREET ADDRESS	171 N. Lake Ave.	
1.4 CITY-ST-ZIP	Pahokee, FL 33476	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Iris M. Tanner	
2.3 STREET ADDRESS	340 Southeast 2nd Ave.	
2.4 CITY-ST-ZIP	South Bay, FL 33493	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

Scott L. Porter

Scott L. Porter 3/19/96 (407) 832-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

054/14/96

CR2E037 (12/95)