

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003484 (2)

1. Corporation Name

PALM BEACH COUNTY MANAGEMENT SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 **25**

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
04/14/1996

4. FEI Number

65-0550286

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **D PORTER, SCOTT L**
STREET ADDRESS **505 S. FLAGLER DRIVE #900**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME **D OSTROW, HAROLD**
STREET ADDRESS **6585 KENSINGTON LANE #208**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME **D SCHNECK, KENNETH JR**
STREET ADDRESS **171 N. LAKE AVE**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE ☒ DELETE
NAME **D CANO, MARTA**
STREET ADDRESS **2000 PGA BLVD. #2104**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE
NAME **D HEALEY, E. J REP.**
STREET ADDRESS **3003 S. CONGRESS AVE. #2D**
CITY-ST-ZIP **WEST PALM BEACH FL 33461**

TITLE ☐ DELETE
NAME **D 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 ☐ Change ☒ Addition
1.2 NAME **D Kenneth Schenck Jr.**
1.3 STREET ADDRESS **171 N. Lake Ave.**
1.4 CITY-ST-ZIP **Pahokee, FL 33476**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Iris M. Tanner**
2.3 STREET ADDRESS **340 Southeast 2nd Ave.**
2.4 CITY-ST-ZIP **South Bay, FL 33493**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Arthur Anderson Ph.D.**
3.3 STREET ADDRESS **6117 Old Court Rd.**
3.4 CITY-ST-ZIP **Apt. 326**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Boca Raton, FL 33433**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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

HAROLD OSTROW REQUIRED

Harold Ostrow (561) 495-2220

FILED
Aug 01 1997 8:00am
Secretary of State



CR2E037 (4/97)