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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

4. FEI Number

65-0550286

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PORTER, SCOTT L
STREET ADDRESS 505 S. FLAGLER DRIVE #800
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

1.1 TITLE D
1.2 NAME Arthur Anderson, Ph.D.
1.3 STREET ADDRESS 6117 Old Court Road # 326
1.4 CITY-ST-ZIP Boca Raton, FL 33434

☐ Change ☒ Addition

TITLE D
NAME OSTROW, HAROLD
STREET ADDRESS 6585 KENSINGTON LANE #206
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME TANNER, IRIS M
STREET ADDRESS 340 SOUTHEAST 2ND AVE
CITY-ST-ZIP SOUTH BAY FL

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MALECKI, JEAN M
STREET ADDRESS 826 EVERNIA STREET
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Harold Ostrow

Harold Ostrow (561) 495-2230

CR2037 (10/97)