

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90097 021 \*\*\*\*61.25

0040024

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003484**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

07/08/1994

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

9. Name and Address of Current Registered Agent

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

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

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

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

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

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

TITLE D ☐ 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 ☐ Change ☒ Addition  
1.2 NAME Arthur Anderson, Ph.D.  
1.3 STREET ADDRESS 6117 Old Court Road  
1.4 CITY-ST-ZIP Apartment 326 ☐ Change ☐ Addition  
Boca Raton, FL 33434

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

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME I. Jeffrey Pheterson  
3.3 STREET ADDRESS 400 S. Dixie Hwy. #420  
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
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 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, with all other like empowered.

SIGNATURE:

*Harold Ostrow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

(561) 659-1270

Date

Daytime Phone #

CR2E037 (11/98)