

# 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 # N94000003600 (3)**

1. Corporation Name

**ENTERPRISE DEVELOPMENT CORPORATION OF PALM BEACH COUNTY**



Principal Place of Business

Mailing Address

C/O BUSINESS DEVELOPMENT BOARD  
3950 RCA BLVD STE 5003  
PALM BEACH GARDENS FL 33410  
US

C/O BUSINESS DEVELOPMENT BOARD  
3950 RCA BLVD STE 5003  
PALM BEACH GARDENS FL 33410  
US

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Enterprise Development Corp

26 Enterprise Development Corp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 same as above

27 same as above

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

\* YENKE, HOWARD  
3950 RCA BLVD  
STE 5003  
PALM BEACH GARDENS FL 33410

81 Name

Jeanie L. McGuire

82 Street Address (P.O. Box Number is Not Acceptable)

Enterprise Development Corporation of PB County

83 3950 RCA Blvd, Ste 5003

84 City

Palm Beach Gardens,

FL

85 Zip Code

33410

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 *Jeanie L. McGuire*

Jeanie L. McGuire

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	OSTROWSKI, NORMAN	
STREET ADDRESS	2000 NW 51 ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DR. JOSEPH	
STREET ADDRESS	500 NW 20TH ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MONTELEONE, RAY	
STREET ADDRESS	500 NW 12TH AVE	
CITY - ST - ZIP	DEERFIELD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Charles Swank (D)	851 Jupiter
13 STREET ADDRESS	c/o FL Pneumatic Mfg Corp	Park Lane
14 CITY - ST - ZIP	Jupiter, FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Richard Tambone (D)	
23 STREET ADDRESS	c/o Tambone Real Estate	
24 CITY - ST - ZIP	4500 RCA Blvd, Ste 304, PBG, FL 33410	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Tambone

Date

(407) 625-0008

Daytime Phone #

CR2E037 (12/95)