

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003627 (6)
 1. Corporation Name
PLEASANT CITY MULTI-CULTURAL CENTER, INC.



Principal Place of Business: **500 22ND STREET WEST PALM BEACH FL 33407**
 Mailing Address: **500 22ND STREET WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **07/18/1994**
 3a. Date of Last Report: **07/20/1995**
 4. FEI Number: **65-0541045**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
CLAY, CORLETTA
500 22ND STREET
WEST PALM BEACH FL 33407

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: *Gloria Y. Williams* (NOTE: Registered Agent signature required when reinstating) DATE: **8/2/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAY, CORLETTA	
STREET ADDRESS	437 19TH STREET, APT. B	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GLORIA	
STREET ADDRESS	500 22ND STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEVELAND, MICHAEL	
STREET ADDRESS	2220 PONCE DE LEON AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDER, LESLER	
STREET ADDRESS	203 A.E. ISSACS AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, JOHN	
STREET ADDRESS	3314 FOREST HILL, SUITE A210	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTWRIGHT, CARLTON G	
STREET ADDRESS	P.O. BOX 8785 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gloria Y. Williams* DATE: **8/2/96** DAYTIME PHONE #

CR2E037 (3/96)