

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0541045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: _____
Signature required

CR2E037 (4/97)