

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION. ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N94000004318 (1)
1. Corporation Name
PALM BEACH SERVICECO, INC.

Principal Place of Business Mailing Address

\$ 593.75
10F7

800002172428
 -05/09/97--01002--053

3. Date of Qualification **09/01/1994** 3a. Date of Last Report **1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1309 N. Flagler Drive	26 1309 N. Flagler Drive	65-0598821	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/> XX	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 West Palm Beach, FL	28 West Palm Beach, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24 33401	25 Palm Beach	29 33401	30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable)	1309 N. Flagler Drive
83	
84 City	West Palm Beach FL
85 Zip Code	33401

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 of 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]* DATE: **4-30-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Phillip C. Dutcher	
13 STREET ADDRESS	1309 N. Flagler Drive	
14 CITY-ST-ZIP	West Palm Beach, FL 33401	
21 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Marvin Schur	
23 STREET ADDRESS	1309 N. Flagler Drive	
24 CITY-ST-ZIP	West Palm Beach, FL 33401	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John Pauly, M.D.	
33 STREET ADDRESS	1309 N. Flagler Drive	
34 CITY-ST-ZIP	West Palm Beach, FL 33401	
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Valerie G. Larcombe	
43 STREET ADDRESS	1309 N. Flagler Drive	
44 CITY-ST-ZIP	West Palm Beach, FL 33401	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Donald Warren, M.D.	
53 STREET ADDRESS	1309 N. Flagler Drive	
54 CITY-ST-ZIP	West Palm Beach, FL 33401	
61 TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Frank Nask	
63 STREET ADDRESS	1309 N. Flagler Drive	
64 CITY-ST-ZIP	West Palm Beach, FL 33401	

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]* DATE: **4-30-97** TELEPHONE: **561 650 6223**

400002172428
 -05/09/97--01002--052
 ***593.75

CR2E037 (9/96)