


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004653

1. Corporation Name
CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.

Principal Place of Business POST OFFICE BOX 19062 WEST PALM BEACH FL 33416-9062	Mailing Address POST OFFICE BOX 19062 WEST PALM BEACH FL 33416-9062
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110264-90108-47



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/19/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE 65-0886077 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JACKSON, KENNETH 100 AUSTRALIAN AVE WEST PALM BEACH FL 33415	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACKSON, KENNETH 100 AUSTRALIAN AVE WEST PALM BEACH FL 33415	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNETH	1.2 NAME	
STREET ADDRESS	100 AUSTRALIAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	VD MESS, ROBERT W. 10500 N MILITARY TRAIL PALM BEACH GARDENS FL 34953	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESS, ROBERT W.	2.2 NAME	Craig Johns
STREET ADDRESS	10500 N MILITARY TRAIL	2.3 STREET ADDRESS	226 Cypress Lane
CITY-ST-ZIP	PALM BEACH GARDENS FL 34953	2.4 CITY-ST-ZIP	Palm Springs, FL. 33461
TITLE	SD MALTE, DEBORAH 100 AUSTRALIAN AVE W PALM BCH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTE, DEBORAH	3.2 NAME	
STREET ADDRESS	100 AUSTRALIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD SHERLOCK, DENISE R. 5985 TENTH AVE N GREENACRES FL 33463	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERLOCK, DENISE R.	4.2 NAME	
STREET ADDRESS	5985 TENTH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth Jackson* **SIGNATURE REQUIRED** 1-13-99 (560) 233-5541
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)