FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N940

N94000005021 (0)

THE PROFESSIONAL AND BUSINESS FORUM, INC.

FILED
May 21 1998 8:00am
Secretary of State

| Principal Place of Business | Mailing Address | , | | |
|---|---|--------------|---|---|
| 6205 WOOD LAKE ROAD JUPITER FL 33458 | PO BOX 2437 WEST PALM BEACH FL 33402 US | | 3. Date Incorporated or Qualified 10/07/1994 4. FEI Number | Applied For |
| 2. Principal Place of Business | 2a. Mailing Address | | 65-0526980 5. Certificate of Status Desired \$ | Not Applicable 8.75 Additional Fee Required |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | | 5.00 May Be Added to Fees |
| City & State | City & State | | 7. Is this nonprofit corporation a homeowners association? \[\sum \text{Yes} \square \text{No} \] | |
| Zip Country 25 | Zip C 29 30 | ountry | 8. This corporation owes or has paid the current Personal Property Tax due June 30. | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Ager | nt |
| | | 81 Name | | |
| SHERMAN, HEIDI 6205 WOOD LAKE ROAD | | 82 Street Ad | et Address (P.O. Box Number is Not Acceptable) | |
| JUPITER FL 33458 | | 83 | | |
| | | 84 City | FL ⁸⁴ | 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE Chamberlain, Ilsc NAME LAWRENSON, NANETTE 1.2 NAME 3502 Manigold Court 246 EAGLETON LAKES BLVD 1.3 STREET ADDRESS STREET ADDRESS Palm Brade Garden <u>33410</u> PALM BCH GARDENS FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE TD BRADLEY, SUSAN K 22 NAME NAME Deyermond, Jean 1110 Dear Island Drive West Palm Boods FL 3220 N FLAGLER DR STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE ROMANOS, WILLIAM J DR Sherman Heidi 6205 Wood Lake Rd. 3.2 NAME NAME 900 S US HIGHWAY 1 SUITE 101 3.3 STREET ADDRESS STREET ADDRESS JUPITER FL Lipiter. 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE Romanos, William J Dr. WASCH, MICHELLE 4. 2 NAME NAME 21449 FAIRFIELD LANE 4.3 STREET ADDRESS Sufe 101 STREET ADDRESS 9005 US Highway 1 **BOCA RATON FL** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE Sherman, R. Scott NAME 5.2 NAME 6205 Wood Lake Rd. STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CHATURE 110 Character Whole Character Whole THE THE-ON

CR2E037 (10/97)