

FILE NOW: FILING FEE IS \$67.25

**NON-PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1996**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000891

1. Corporation Name

PALM BEACH COUNTY OFFSHORE FESTIVAL, INC.

Principal Place of Business

Mailing Address

7169 49th Terr. N. P.O. BOX 14066  
 W. Palm Beach, FL 33407 N. Palm Beach, FL 33408

2. Principal Place of Business

2a. Mailing Address

21 7169 49th Terr. N.  
 Suite, Apt. #, etc.

26 P. O. Box 14066  
 Suite, Apt. #, etc.

22 City & State

27 City & State

23 West Palm Beach, FLA  
 Zip Country

28 North Palm Beach, FLA  
 Zip Country

24 33407

25 USA

29 33408

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

Feb. 23, 1995

N/A

4. FEI Number

Applied For

65-0566402

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

10. Name and Address of New Registered Agent

81 Name

Harold Harms c/o Alley, Maass, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

321 Royal Poinciana Plaza, South

83

84 City

Palm Beach

85 Zip Code

FL

33480

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

*Harold H. Harms*  
 Signature typed or printed name of registered agent and, if applicable,

Harold H. Harms

Feb. 29, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~XX~~DELETE President/D  
 NAME Julia McDonald  
 STREET ADDRESS 110 Cortes Avenue  
 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ~~XX~~DELETE Vice President/D  
 NAME Julia McDonald  
 STREET ADDRESS 110 Cortes Avenue  
 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ~~XX~~DELETE Secretary  
 NAME Julia McDonald  
 STREET ADDRESS 110 Cortes Avenue  
 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ~~XX~~DELETE Treasurer  
 NAME Julia McDonald  
 STREET ADDRESS 110 Cortes Avenue  
 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ☐DELETE Director  
 NAME Neal W. Knight, Jr.  
 STREET ADDRESS 321 Royal Poinciana Plaza  
 CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President/Director ☒ Change ☐ Addition  
 12 NAME Harold H. Harms  
 13 STREET ADDRESS P.O. Box 14066 (mailing address)  
 14 CITY-ST-ZIP North Palm Beach, FL 33408

21 TITLE Vice President/Director ☒ Change ☐ Addition  
 22 NAME Dorothea B. Harms  
 23 STREET ADDRESS P.O. Box 14066 (mailing address)  
 24 CITY-ST-ZIP North Palm Beach, FL 33408

31 TITLE Secretary ☒ Change ☐ Addition  
 32 NAME Harold H. Harms  
 33 STREET ADDRESS P.O. Box 14066 (mailing address)  
 34 CITY-ST-ZIP North Palm Beach, FL 33408

41 TITLE Treasurer ☒ Change ☐ Addition  
 42 NAME Dorothea B. Harms  
 43 STREET ADDRESS P.O. Box 14066 (mailing address)  
 44 CITY-ST-ZIP North Palm Beach, FL 33408

51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

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:

*Dorothea B. Harms*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 29, 1996

Date

Daytime Phone: #

(407) 848-0751

CR2E037 (12/95)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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