

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002242 (4)
1. Corporation Name

LAND TRUST OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
1801 AUSTRALIAN AVENUE SOUTH STE 101 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified 05/05/1995
3a. Date of Last Report
4. FEI Number 65-0620324 Applied For 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

2. Principal Place of Business 2a. Mailing Address
21 301 N. Atlantic Dr 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Lantana FL 28 Lantana FL
24 33462 25 P Beach 29 30

9. Name and Address of Current Registered Agent
TENNYSON, ROD ESQ.
1801 AUSTRALIAN AVENUE SOUTH STE 101
WEST PALM BEACH FL 33409

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

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENNYSON, ELIZABETH	1.2 NAME	JONES, Lloyd
STREET ADDRESS	301 N. ATLANTIC DRIVE	1.3 STREET ADDRESS	4500 S. Ocean Blvd
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	S. Palm BEACH, FL 33460
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAINTER, PATRICK	2.2 NAME	Shonfeld, Robert
STREET ADDRESS	12887 RAYMOND DRIVE	2.3 STREET ADDRESS	4500 S. Ocean Blvd
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	S. Palm Beach FL 33460
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, EDIE	3.2 NAME	
STREET ADDRESS	901 N. ATLANTIC DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAS, MINNIE P	4.2 NAME	
STREET ADDRESS	218 N. ATLANTIC DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, STEVE	5.2 NAME	
STREET ADDRESS	4696 MEADOW GREEN TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	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	

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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: _____
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Tennyson
2/12/96 407 478-7600
Date Daytime Phone #

CR2E037 (12/95)