


FILE NOW: FILING FEE IS \$61.25

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Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90029 035 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002242
 1. Corporation Name
LAND TRUST OF THE PALM BEACHES, INC.

Principal Place of Business 301 N. ATLANTIC DRIVE LANTANA FL 33462	Mailing Address 301 N. ATLANTIC DRIVE LANTANA FL 33462
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/05/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0620324
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		10. Name and Address of New Registered Agent	
TENNYSON, ROD ESQ. 1801 AUSTRALIAN AVENUE SOUTH STE 101 WEST PALM BEACH FL 33409		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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	05/05/1995 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNYSON, ELIZABETH	1.2 NAME	
STREET ADDRESS	301 N. ATLANTIC DRIVE	1.3 STREET ADDRESS	05/05/1995
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, PATRICK	2.2 NAME	
STREET ADDRESS	12887 RAYMOND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LLOYD	3.2 NAME	
STREET ADDRESS	4500 S. OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL 33480	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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLFELD, ROBERT	6.2 NAME	
STREET ADDRESS	4500 S. OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL 33480	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: _____ DATE: 1/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 478 7600
 Daytime Phone #