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03-02-1999 90138 030 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002509

1. Corporation Name

PALM BEACH INTERNATIONAL FILM FESTIVAL, INC.

Principal Place of Business

1555 PALM BEACH LAKES BLVD
STE 403
WEST PALM BEACH FL 33401
US

Mailing Address

1555 PALM BEACH LAKES
STE 403
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/22/1995

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

65-0599763

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SEARS, BEVERLY POPE~~
1555 PALM BEACH LAKES BLVD
STE 403
WEST PALM BEACH FL 33401

81

Name

82

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

83

City

84

State

FL

85

Zip Code

33401

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

John Paul Allen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME BURT AARONSON
STREET ADDRESS 301 N OLIVE AVE 12TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE CCD
NAME GEORGE T. ELMORE
STREET ADDRESS 2350 S CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE T
NAME LYNCH, THOMAS E.
STREET ADDRESS 28 COUNTRY RD
CITY-ST-ZIP VILLAGE OF GOLF FL 33426

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 233-1044

CR2E037 (11/98)