FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N95000002529 (4)

BRITISH AMERICAN CHAMBER OF COMMERCE OF PALM BEA

FILED Feb 04 1998 8:00am Secretary of State

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CCH COUNTY, INC.														
Principal Place of Business Mailing Address										- 1 1001/146 110 1870 01/11 00/11 00/11 00/11 00/11 00/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11				
SUITE 328, 4521 PGA BOULEVARD SUITE 328, 4521 PGA BOULEV							EVARD			3. Date Incorporated or Qualified				
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418										05/22/1995				
										4. FEI Number Applied For				
										65-0648943 Not Applicable				
Principal Place of Business 2a. Mailing Address								,		5. Certificate of Status Desired S8.75 Additional				
							33	<u>t </u>		Fee Required				
Suite, Apt.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be								
City & State					City & State					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?				
23 West Palm Buch, Fl					28 Wast Palm Black FL					☐ Yes ☐ No				
Zig374	6 L	Countr		├ ─,	Zip		Count	$\frac{y}{u}$	·s.	8. This corporation owes or has paid the current year Intangible				
24		20	ss of Current F	29	37 C 6	3	30 0			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name	and Addre	ss of Current P	registi	ereu Agein		8	Nam	<u> </u>					
D41151/								\===	F	quison Pruff				
1	LESLIE J		7.48B				33	82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 328, 4521 PGA BOULEVARD PALM BEACH GARDENS FL 33418							83	2	3 4	49 Granada Rindi				
PALM B	CAUM GAH	DENS LE	33418					1						
							84	1 5.5	Weg	of Palm Beach FL 85 33 461				
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 famillar with, and accept the obligations of, Section 617.0503, Florida Statutes.														
agent. I am famillar with, and append the obligations of, Section 617,0503, Florida Statutes.														
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
12.	Signature, typed		FFICERS AND			(NOTE: I	Registered Ad	jent signatu	re required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D		11 IOLIIG AND C	JIIICO	DELET	E E	1.1 TITLE		T	Change Addition				
NAME	_	, COLIN					1.2 NAME		1					
STREET ADDRESS		-	CHAMPIONS		1.3 STREET ADDRESS				. [
CITY-ST-ZIP	PALM B			1.4 CITY-ST-ZIP										
TITLE	D	LTOIT CITE	DENOTE OUT	<u></u>	☐ DELET	E	2.1 TITLE	31-211	-	Change Addition				
NAME		ID, DAVID			2.2 NAM				}					
STREET ADDRESS	1451 S. OLIVE AVENUE							T ADDRESS	.					
CITY-ST-ZIP							2. 4 CITY							
TUTLE	D			-	DELETI	E	3.1 TITLE			☐ Addition				
NAME	BRANSO	N, ROBBI	E				3.2 NAME		wi	oz Osborne Drive				
STREET ADDRESS	4049 BF	RANDON D	RIVE				3.3 STREE	T ADDRESS	690	of Osborne Drive				
CITY-ST-ZIP	DELRAY	BEACH F	L 33445				3.4. CITY-	-ST-ZIP	LAL	NTANA FL 33462				
TITLE	D				DELET!	Ē	4.1 TITLE		D	Change Addition				
NAME	SILCOX,	PETER					4, 2 NAM	Ē	w	ORMAN, KEITH				
STREET ADDRESS	1665 PA	ILM BEAC	h lakes blvi	D.			4.3 STREE	T ADDRESS	l'a.	9 OLD MEADOW Way				
CITY-ST-ZIP	WEST P	alm beac	H FL 33401				4.4 CITY -	ST-ZIP	PAL	m BEACH GARDEDS, FL 33418 A Change Addition				
TITLE	D				DELETI	E	5.1 TITLE		100	DE Change E Addition				
NAME		ell, Kath'					5.2 NAME		Boy	12-WICKS, NORREE				
STREET ADDRESS 810 SOUTH LAKESIDE DRIVE							5.3 STREE	T ADDRESS	كحدال	55 Jalm BEACHLAKES BLUD " 1414				
CITY-ST-ZIP								ST-ZIP	WE	STYALM DEACH FL 33401				
TITLE	D				DELETE	=	6.1 TITLE		\mathcal{D}	Addition				
NAME	MOORE, GEORGE C J								DAG	CKSON I REUPR				
STREET ADDRESS										BOX 13090NIN				
CITY-ST-ZIP WEST PALM BEACH FL 33401										RIN PALM BEACH FL 33408				
14. I hereby c	eruty that the	e informatio	n supplied with i	tnıs tili noval r	14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in Section 119.07(3)(iii) in Section 119.07(3)(iii) in Secti									

indicated on this action report of supplies in that armival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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:

1.20.98