

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002588 (0)**

1. Corporation Name

PALM BEACH BUSINESS ASSOCIATES, INC.



Principal Place of Business C/O ADAM S. GUMSON, ESQ. 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458		Mailing Address C/O ADAM S. GUMSON, ESQ. 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458		3. Date Incorporated or Qualified 05/25/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0591329 Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUMSON, ADAM S ESQ. JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458		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	
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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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUMSON, ADAM S		1.2 NAME	GAY JOHANSEN			
STREET ADDRESS	6390 INDIANTOWN ROAD., 30		1.3 STREET ADDRESS	1201 U.S. Highway One, Suite 210			
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	North Palm Beach, FL 33408			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAXWELL, KATINA		2.2 NAME	TIMOTHY SHEEHAN			
STREET ADDRESS	801 NORTHPOINT PARKWAY		2.3 STREET ADDRESS	701 Northpoint Parkway, Suite 300			
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33407			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EASSA, STEVEN L		3.2 NAME	RICK TURNER			
STREET ADDRESS	10973 N. MILITARY TRAIL		3.3 STREET ADDRESS	505 S. Flagler Drive			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		3.4 CITY-ST-ZIP	West Palm Beach, FL 33401			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STRICKER, LAURA		4.2 NAME	ALEX WILLIAMS			
STREET ADDRESS	NATIONWIDE INS 4259 NORTHLAKE BLVD		4.3 STREET ADDRESS	444 38th Street			
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	West Palm Beach, FL 33407			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORDERO, RAFAEL D		5.2 NAME				
STREET ADDRESS	9121 N. MILITARY TRAIL., SUITE 209		5.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBMAN, HARVEY		6.2 NAME				
STREET ADDRESS	1264 N. MILITARY TRAIL		6.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		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.

SIGNATURE:  Treasurer 2/10/98 561 624-2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044291

CR2E037 (10/97)