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Mar 09 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 # **N96000000595 (6)**

1. Corporation Name

NORTH PALM BEACH ELEMENTARY PTO, INC.



Principal Place of Business 401 SOUTH ANCHORAGE DRIVE NORTH PALM BEACH FL 33408	Mailing Address 401 SOUTH ANCHORAGE DRIVE NORTH PALM BEACH FL 33408
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3. Date Incorporated or Qualified 02/02/1996	4. FEI Number 65-0682848	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANKENHORN, CAROL 401 SOUTH ANCHORAGE DR. N. PALM BEACH FL 33408	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SHULMAN, STEPHEN L	1.1 TITLE PD	1.2 NAME Abbie Feuer
STREET ADDRESS 401 SOUTH ANCHORAGE DRIVE	CITY-ST-ZIP NORTH PALM BEACH FL 33408	1.3 STREET ADDRESS 812 Lakeside Drive	1.4 CITY-ST-ZIP N. Palm Beach, FL 33408
TITLE VD	NAME HERRITT, BRUCE	2.1 TITLE VD	2.2 NAME Diana Wise
STREET ADDRESS 401 SOUTH ANCHORAGE DRIVE	CITY-ST-ZIP NORTH PALM BEACH FL 33408	2.3 STREET ADDRESS 428 Lighthouse Drive	2.4 CITY-ST-ZIP N. Palm Beach, FL 33408
TITLE S	NAME MORRIS, LYNN	3.1 TITLE S	3.2 NAME Marie Tanabe
STREET ADDRESS 401 SOUTH ANCHORAGE DRIVE	CITY-ST-ZIP NORTH PALM BEACH FL 33408	3.3 STREET ADDRESS 618 Pilot Road	3.4 CITY-ST-ZIP N. Palm Beach, FL 33408
TITLE TD	NAME MILLER, CINDY	4.1 TITLE TD	4.2 NAME Cindy Miller
STREET ADDRESS 401 SOUTH ANCHORAGE DRIVE	CITY-ST-ZIP NORTH PALM BEACH FL 33408	4.3 STREET ADDRESS 186 Cape Pointe Circle	4.4 CITY-ST-ZIP Jupiter, FL 33408
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

1.1 TITLE PD	1.2 NAME Abbie Feuer	1.3 STREET ADDRESS 812 Lakeside Drive	1.4 CITY-ST-ZIP N. Palm Beach, FL 33408
2.1 TITLE VD	2.2 NAME Diana Wise	2.3 STREET ADDRESS 428 Lighthouse Drive	2.4 CITY-ST-ZIP N. Palm Beach, FL 33408
3.1 TITLE S	3.2 NAME Marie Tanabe	3.3 STREET ADDRESS 618 Pilot Road	3.4 CITY-ST-ZIP N. Palm Beach, FL 33408
4.1 TITLE TD	4.2 NAME Cindy Miller	4.3 STREET ADDRESS 186 Cape Pointe Circle	4.4 CITY-ST-ZIP Jupiter, FL 33408
5.1 TITLE 	5.2 NAME 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
6.1 TITLE 	6.2 NAME 	6.3 STREET ADDRESS 	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: *[Signature]* 1/14/98 561-746-7363

CR2E037 (10/97)