


FILE NOW: FILING FEE IS \$61.25

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APPROVED  
AND  
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98 NOV 13 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 9600000 4102 (1)					
1. Corporation Name PALM BEACH ALL STARS, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business			3. Date Incorporated or Qualified		
21 3600 23rd Ave So.			08/05/96		
22 Suite, Apt. #, etc.			4. FEI Number		
23 City & State			65-0737302		
24 Zip			Applied For		
25 Country			Not Applicable		
26 3600 23rd Ave So.			5. Certificate of Status Desired		
27 Suite, Apt. #, etc.			8.75 Additional Fee Required		
28 City & State			6. Election Campaign Financing		
29 Zip			Trust Fund Contribution		
30 Country			5.00 May Be Added to Fees		
31 Lake Worth, FL			7. Is this nonprofit corporation a homeowners association?		
32 USA			Yes No		
33 33461			8. This corporation owes or has paid the current year Intangible		
34 USA			Personal Property Tax due June 30.		
35 33461			Yes No		
36 USA			9. Name and Address of Current Registered Agent		
37 Lake Worth, FL			10. Name and Address of New Registered Agent		
38 33461			81 Name		
39 33461			82 Street Address (P.O. Box Number Not Acceptable)		
40 33461			83		
41 33461			84 City		
42 33461			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 Gregory Weekes 11/9/98					
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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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: Gregory Weekes 11/9/98 561-533-6061					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/97)