ANNUAL REPORT Secretary of DIVISION OF COF	of State RPORATIONS	98 NOV 13 PM 4: 5 SECRETARY OF STA FALLAHASSEE.FLOR	
DOCUMENT # N 9600000 4102 (7) 1. Corporation Name PALM BEACH ALL STARS,	lnc.	FALLAHASSEE, FLOR	RIDA
Principal Place of Business Mailing Address		7	-
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		3. Date Incorporated or Qualified 08/05/96	-
		4. FEI Number	Applied For
		65-0737302	Not Applicable
2. Principal Place of Business Arc So. 2a. Mailing Address 21 3600 23 70 Arc So. 26 3600 23 7	Ave So.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 22		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
City & State Worth, FL 25 Lake Wo	rth. FL	7. Is this nonprofit corporation a homeowners	association?
Zip Country Zip	Country	8. This corporation owes or has paid the curre	nt year Intangible
24 33 46/ 25 USA 29 33 46/ 30	USA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent	04	10. Name and Address of New Registered Ag	gent
Name Gregory Weekes			
82 Street Address (P.O. Box Number   NovAcceptable)			
3600 Z3 → TTVE ⊃0.			
	84 City 1		
	B4 City	aka // )Artu El	85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617,1508, Florida Statutes,		ake Worth FL poration submits this statement for the purpose of c	3346/
<ol> <li>Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autha agent. I am familiar with, and accept the obligations of Section 617.0509 Florida.</li> </ol>			3346/
11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503; Florida SIGNATURE  Storature, Road or photo name or represented agent and little (applicable).  (NOTE Re	the above-named corporate of by the corporate a Statutes.	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	3346/
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14. I hereby 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 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.

APPROVEU AND FILED

FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

NONPROFIT