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Aug 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005137 (2)

1. Corporation Name

PALM BEACH COUNTY FILM MOTION PICTURE & TELEVISION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1617 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

1617 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

59-2301231

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINLEY, CHANDLER R ESQ.
1645 PALM BEACH LAKES BLVD., SUITE 520
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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
NAME BERNHARD, GWYN
STREET ADDRESS 1617 N. FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE EVP
NAME SIMON, LEROY
STREET ADDRESS 789 CAMINO LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME SLOSSBERG, ELLEN
STREET ADDRESS 3141 N.E. 1ST COURT, #200
CITY-ST-ZIP BOYNTON BEACH FL 33435

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GIORDANO, JOHN
STREET ADDRESS 951 SPANISH CIRCLE, F-147
CITY-ST-ZIP DELRAY BEACH FL 33483

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BERNHARD, MANFRED
STREET ADDRESS 1617 N. FLAGLER DRIVE, 3A
CITY-ST-ZIP WEST PALM BEACH FL 33407

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BARRON, HELEN
STREET ADDRESS 1689 FORUM PLACE
CITY-ST-ZIP W. PALM BEACH FL 33401

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:

Handwritten signature: Sandra B. Mortham
Sandra B. MORTHAM
4/24/98 561-659-1862

CR2E037 (10/97)