

FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003278

1. Corporation Name

PALM BEACH COUNTY ALLSTARS, INC.

Principal Place of Business
**12667 SANDY RUN ROAD
JUPITER FL 33478**

Mailing Address
**12667 SANDY RUN ROAD
JUPITER FL 33478**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/08/1998	
				4. FEI Number 65-0846985 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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	
9. Name and Address of Current Registered Agent FARBSTEIN, BEN I 3109 STIRLING ROAD SUITE 101 FORT LAUDERDALE FL 33312				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	

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, DONNA	1.2 NAME	
STREET ADDRESS	12667 SANDY RUN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOIS, GEORGIA	2.2 NAME	
STREET ADDRESS	16430 JUPITER FARMS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMAN, ELANA	3.2 NAME	
STREET ADDRESS	12667 SANDY RUN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELO, HELAYNE	4.2 NAME	
STREET ADDRESS	11326 162ND PLACE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SANDY	5.2 NAME	
STREET ADDRESS	3664 DAPHNE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHEARN, KIM	6.2 NAME	
STREET ADDRESS	12667 SANDY RUN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	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 with all other like empowered.

SIGNATURE:

Helayne Melo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99
Date

1-561-746-2889
Daytime Phone #

CR2E037 (11/98)