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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90008 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004681					
1. Corporation Name PALM BEACH HARVEST, INC.					
Principal Place of Business 1715 TIFFANY DRIVE EAST WEST PALM BEACH FL 33407			Mailing Address 1715 TIFFANY DRIVE EAST WEST PALM BEACH FL 33407		

286407-90059-1



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <i>Applied for</i>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30			

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
NOEL, DON 14145 U.S. HIGHWAY ONE JUNO BEACH FL 33407		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	85 Zip Code	FL	

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	Pres., DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, DON	1.2 NAME	
STREET ADDRESS	14145 U.S. HIGHWAY ONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	V.P., DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSIE CLANCY	2.2 NAME	
STREET ADDRESS	6636 SW 66th WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33409	2.4 CITY-ST-ZIP	
TITLE	TREASURER, DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE PFEIFFER	3.2 NAME	
STREET ADDRESS	3775 W. HEATHER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33463	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **SIGNATURE REQUIRED**

2/4/99 561-775-7186
 Daytime Phone #

CR2E037 (1198)