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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000026886</b>			
1. Corporation Name L'AVENIR INSTITUTE OF PALM BEACH, INC.			
Principal Place of Business 535 S. FLAGLER DR. WEST PALM BEACH FL 33401		Mailing Address 535 S. FLAGLER DR. WEST PALM BEACH FL 33401	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>CRAFT, JEROME W. 535 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent	
81 Name		Betsy Mascaro	
82 Street Address (P.O. Box Number is Not Acceptable)		860 US Hwy one	
83		Suite 209	
84 City		North Palm Beach FL	
		85 Zip Code 33408	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.			
SIGNATURE		DATE	
Betsy A. Mascaro		3/19/99	
12. OFFICERS AND DIRECTORS			
TITLE	DPST	<input type="checkbox"/> DELETE	
NAME	WHATLEY, JOANNE		
STREET ADDRESS	2156 UNION STREET		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE	ASD		
1.2 NAME	CRAFT, JOANNE T.		
1.3 STREET ADDRESS	535 S. FLAGLER DRIVE		
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: Joanne Craft REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 561-6593366

Date

Daytime Phone #

CR2E034 (11/98)