


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000058570

1. Corporation Name
PALM BEACH COUNTY COMMUNITY CHAPEL, INC.



Principal Place of Business 111 SKOKIE BLVD WILMETTE IL 60091 US	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1994	4. FEI Number 36-3970983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEINSTEIN, JOEL W.		1.2 NAME PAUL WAGLER	
STREET ADDRESS 111 SKOKIE BLVD.		1.3 STREET ADDRESS 4126 NORLAND AVENUE	
CITY-ST-ZIP WILMETTE IL 60091		1.4 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8	
TITLE DCEO	<input type="checkbox"/> DELETE	2.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUTLER, NORMAN		2.2 NAME	
STREET ADDRESS 111 SKOKIE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP WILMETTE IL 60091		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GROSSBERG, ARTHUR J.		3.2 NAME ROBERT A. WEINSTEIN	
STREET ADDRESS 3201 NORTH 72ND AVE		3.3 STREET ADDRESS 24100 NORTH HIGHWAY 45	
CITY-ST-ZIP HOLLYWOOD FL 33024		3.4 CITY-ST-ZIP VERNON HILLS, IL 60061-3180	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOEWEN, RAYMOND L.		4.2 NAME JEFFREY L. CASHNER	
STREET ADDRESS 4126 NORLAND AVE.		4.3 STREET ADDRESS 801 TEAS ROAD	
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8		4.4 CITY-ST-ZIP CONROE, TX 77303	
TITLE DAS	<input type="checkbox"/> DELETE	5.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HYNDMAN, PETER S.		5.2 NAME GEORGE M. AMATO	
STREET ADDRESS 4126 NORLAND AVE.		5.3 STREET ADDRESS 4145-58TH STREET	
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8		5.4 CITY-ST-ZIP WOODSIDE, NY 11377	
TITLE ST	<input checked="" type="checkbox"/> DELETE	6.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROLLINGS, GREGORY K		6.2 NAME JOSEPH T. HARDIMAN	
STREET ADDRESS 681 NORTH AVE.		6.3 STREET ADDRESS 801 TEAS ROAD	
CITY-ST-ZIP JONESBORO GA		6.4 CITY-ST-ZIP CONROE, TX 77303	

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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED: PETER S. HYNDMAN April 20, 1999 (604) 299-9321