


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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000068661 (4) 1. Corporation Name CENTURY 21 PALM BEACH COUNTY COUNCIL, INC.				99 JUN 25 AM 10:14 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 6528 HYPOLUXO ROAD LAKE WORTH, FL. 33467 SAME					
2. Principal Place of Business 21 6528 HYPOLUXO ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 6528 HYPOLUXO ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/06/1995	
22 City & State 23 LAKE WORTH, FL Zip Country 24 33467 25		27 City & State 28 LAKE WORTH, FL Zip Country 29 33467 30 PALM BEACH		4. FEI Number 65-0774081 Applied For Not Applicable	
9. Name and Address of Current Registered Agent SALLY L. TURNER CENTURY 21 SUNLAND REALTY 6528 HYPOLUXO ROAD LAKE WORTH, FL. 33467				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 600002927546--2 -07/09/99-01073-012 *****558.FL *****558.75	
SIGNATURE <u>Sally L. Turner</u> Signature, typed or printed name of registered agent and title if applicable				SALLY L. TURNER 6/18/99 (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT MARK HOLMES 11585 U S HIGHWAY 1 PALM BEACH GARDENS, FL. 33408				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP VP STEVE GAFFNEY 1896 PALM BEACH LAKES BLVD. #103 W. PALM BEACH, FL. 33409				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TREASURER SALLY L. TURNER 6528 HYPOLUXO ROAD LAKE WORTH, FL. 33467				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY KEN AHEARN 6346 W. LANTANA RD. #71 LAKE WORTH, FL. 33463				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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:

Sally L. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY L. TURNER 561-965-7678 EXT #224

Date

Daytime Phone #

CR2E034 (11/98)