

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081617 (9)

1. Corporation Name

PALM BEACH PROMOTIONS, INC.



Principal Place of Business

1651 NORTHWEST 1ST COURT
BOCA RATON FL 33432

Mailing Address

1651 NORTHWEST 1ST COURT
BOCA RATON FL 33432

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, STEVEN M ESQ.
2424 NORTH FEDERAL HIGHWAY, SUITE 411
BOCA RATON FL 33431

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 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

Signature, typed or printed name of registered agent and then if applicable

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

ST
PIERONI, ANTHONY J
1651 NORTHWEST 1ST COURT
BOCA RATON FL 33432

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

PD
PIERONI, KELLY
1651 NORTHWEST 1ST COURT
BOCA RATON FL 33432

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

VD
CLARK, TRACY
1651 NORTHWEST 1ST COURT
BOCA RATON FL 33432

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony J. Pieroni

4/13/96 (407) 394-8914

CR2E034 (12/95)