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 # 242513

PALM WORTH INC

Principal Place of Business		Mailing Address					i in the state of	HORFT MINIT MINIT WITH	1 01911 41811 1001		
ASSOC. PROP. MGMT. 400 S. Dixie Hwy, #10 Lake Worth Fl 33460		ASSOC. PROP. MGMT. 400 S. DIXIE HWY. #10			Ì						
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
		LAKE WORTH FL 33460									
							12/01/1960				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For				
24		26					59-1005463	ا این کاری	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					· Kac)7-e \$8.75	Additional 3		
22							5. Certificate of Status Desired	/)3/(/ Fee I	Required /	_	
City & State		City & State					6. Election Campaign Financing		May Be	_	
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country					8. This corporation owes the current year Intangible				
24	25	29	30	_			Personal Property Tax.	Yes Agent	□No		
	9. Name and Address of Current	Registered Agent		81	Name	,	10. Name and Address of New Registo	erea Agent			
ACC	DCIATED PROPERTY MANAGEME	INT OF THE		"	Name						
	S. DIXIE HWY, SUITE 10	ALL OF THE	r IIIC			Addres	ss (P.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33460					83			_ .			
LAN	- WOMM : E GOVED			00							
				84	City			FL 85 Zi	o Code		
44	to the annulations of Continue CO7 DECC	and 607 1509 Florida Statul	ec the s	hove	named	cornor	ration submits this statement for the purpo	se of changing	its registered		
office or r	egistered agent, or both, in the State o	if Florida. Such change was a	iuthonze	a by	the corpo	oration	's board of directors. I hereby accept the	appointment as	registered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fig	orida Sta	tutes	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agen	t signature re	equired v	when reinstating) DA*	TE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	FORS IN 12		
TITLE	₩ D	☐ DELETE	1.1 T	TLE		VP			e 🔲 Addition		
NAME	CASE: BERNARD		1.2 NAME			Dor	ionald Kranenberg				
STREET ADDRESS	2850-38-00EAN-BEVD-#312	1.3 \$			STREET ADDRESS		so s. Ocean Blud Ha	-			
CITY-ST-ZIP	PALM-BEASH-FUGS486		1.4 CITY-		T-ZIP	601	alm blach, of 33980				
TITLE	SD	☐ DELETE	2.1 T	ITLE		D	Change		e ☐ Addition		
NAME	KING, WILLIAM		2.2 N	IAME		m	nary Lane Caiens				
STREET ADDRESS			1/1		388	50's. Ocean Blvd \$408					
CITY-ST-ZIP	7.0011 00111 00100		2.46	2.4 CITY-ST-ZIP		Pal	In Beach. FL. 334				
TITLE:	-PD	D DELETE 3.1		πιε∞		D		Chang	و <u> </u>	=	
NAME	KOEHL, C. WARREN JR MD		3.2 NAA		we M		ichael Mellquist		[
STREET ADDRESS	2850 S. OCEAN BLVD. #407		3.3 S	3.3 STREET ADDRESS		38	50 S. Ocean Blvd	- 405			
CITY-ST-ZIP	PALM BCH. FL 33480		_	3.4. CITY-ST-ZIP		Pal	m Beach. FL. 3348	<u>'O</u>	e		
TITLE	TD	_		4.1 ΠΤLE		D	1 DO01 CC- G	Chang	e Maddidon		
NAME	SULLIVAN, DIANA		4.21	4.2 NAME			arles Pfeiffer	ال ال	ţ		
STREET ADDRESS	_ =		4.3 STRÉET		ADDRESS	ટ્રેક્ડ	50 S. Ocean Blvd. #	¬,¬	į		
CITY-ST-ZIP	PALM BCH FL 33480	PALM BCH FL 33480		4.4 CITY-ST-ZIP		Ya!	m Beach. FL. 334	∑ ☐ Chang	e		
TITLE	D DELETE			5.1 TITLE				□ cliang	c Manage		
NAME	PFEIFFER, CHARLES			5.2 NAME 5.3 STREET ADDRESS			•		, {		
STREET ADDRESS 2850 S. OCEAN BLVD. #414						<u> </u>					
CITY-ST-ZIP	PALM BCH FL 33480	☐ DELETE	5.4 C	TT F	1-214	-		☐ Chang	e Addition		
TITLE	D			AME							
NAME	HEIMLICH, RICHARD				TADDRESS				1		
STREET ADDRESS	2850 SO OCEAN BLVD #305		0.3 3	IIREE	י ארועריי	l					

PALM BCH FL 33480 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 suppliemental 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

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90018 050 ***158.75