

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 393088 (0)

1. Corporation Name
KAUFFS OF PALM BEACH, INC.



| | |
|--|---|
| Principal Place of Business 1440 WEST 53RD ST WEST PALM BEACH, FL 33407 US | Mailing Address 1416 10TH CT LAKE PARK FL 33403-2007 US |
|--|---|

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/27/1971 | 3a. Date of Last Report 02/27/1996 |
| 4. FEI Number 59-1371159 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KAUFF, RICHARD L.
7660 BOLD LAD ROAD
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUFF, RICHARD L | 1.2 NAME | |
| STREET ADDRESS | 7660 BOLD LAD RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRICKLAND, JANET I. | 2.2 NAME | Strickland, Janet I. |
| STREET ADDRESS | 4827 CORBETT RD. | 2.3 STREET ADDRESS | 15400 Conners Hwy.S.W. |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | Okeechobee, FL 34974-9765 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUFF, W. HOWARD | 3.2 NAME | |
| STREET ADDRESS | 5660 WAR ADMIRAL RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUFF, KAROL R. | 4.2 NAME | |
| STREET ADDRESS | 7660 BOLD LAD RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'DONNELL, JAMES | 5.2 NAME | |
| STREET ADDRESS | 1274 SLASH PINE CIR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMSIK, ROBERT C | 6.2 NAME | |
| STREET ADDRESS | 818 WEST PALM ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *[Signature]* **4-18-97** **561-881-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)