FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 762875

Corporation Name

29 SOUTH PALMWAY, INC.

Prince	ipai Piace oi busine
29 S .	PALMWAY
LAKE	WORTH FL 33460

Mailing Address

29 S. PALMWAY

LAKE WORTH FL 33460

FILED Mar 06, 1999 8:00 am § Secretary of State

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2. Principal Pi	Place of Business Za. Mailing Address						0.4/4.4/1000			;	!	
21		26	Apt. #, etc				04/14/1982			[<u> </u>		
Suite, Apt.	#, etc				4FEI Number			Applied For Not Applicable				
22					59-2349299		¢0.7	<u> </u>				
City & State	е	City & :	State				5. Certifcate of Status Desired	Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country 25	Zip	Zip Country				Election Campaign Financing Trust Fund Contribution	1			\$5.00 May Be Added to Fees	
24	101	10. Name and Address of New Registered Agr										
	9. Name and Address of Current I	vañistai en v	gent	8-	Name		regime distance				$\neg \neg$	
MARKE, JOHN E.ESQ.					. , , , , , , , ,	Address (P.O. Box Number is Not Acceptable)						
LAMMI & MARKE												
508 LUCE				83	3							
	RTH FL 33460			84	City				85 2	Zip Code		
LAKE WO	111111 2 30400			64	City			FL				
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the section of t	Florida, Such	change was aut 617.0503, Florid	norized by da Statute Registered Ag	y the corpoi s.	ration	when reinstating)	DATE DATE			-	
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	SD		☐ DELETE	1.1 TITLE					Chai	nge LJA	ddition	
NAME	LUCKER, MILDRED			1.2 NAME								
STREET ADDRESS	29 SOUTH PALMWAY APT. 3			1.3 STRE	ET ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL			1.4 CITY-	ST-ZIP							
TITLE	PD	***	DELETE	2.1 TITLE				-	Char	nge 🗌 Ad	ddition	
NAME	ALLNUTT, RALPH			2.2 NAME	.		والوج استعراء والنوا		• • •			
STREET ADDRESS	29 SOUTH PALMWAY APT. 2			2.3 STRE	ET ADORESS							
CITY-ST-Z⊮P	LAKE WORTH FL			2, 4 CITY-	· ST- ZIP					<u> </u>		
TITLE	TD		□ DELETE	3.1 TITLE					Chai	nge. ∐A≀	ddition	
NAME	BALAS, STANLEY			3.2 NAME							,	
STREET ADDRESS				3.3 STRE	ET ADDRESS							
C/TY-ST-ZIP	LAKE WORTH FL			3.4. CITY	ST-ZIP							
TITLE			☐ DELETE	4.1 TITLE					Chai	nge 🗌 Ar	ddition	
NAME				4.2 NAM	E							
STREET ADDRESS				4.3 STRE	ET ADDRESS							
CITY-ST-ZIP				4.4 CITY-	ST-ZiP							
TITLE			DELETE	5.1 TITLE					Chai	nge □A	ddition	
NAME				5.2 NAME	:		,					
STREET ADDRESS				5.3 STRE	ET ADDRESS		·			•		
CITY-ST-ZIP				5.4 CITY-	ST-ZIP		*			•		
TITLE			☐ DELETE	6.1 TITLE			*		☐ Char	nge 🗀 Ao	ddition	
NAME				6.2 NAME	•		•					
STREET ADDRESS				6.3 STRE	ET ADORESS		•					
CITY-ST-ZIP				6.4 CITY-								
14 I bereby	certify that the information supplied with	this filing doe	s not qualify for t	the exemp	tion stated	in Se	ection 119.07(3)(i), Florida Statutes.	I further cert	ify that	he informat	tion	

4. 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 617. 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-582-3644

CR2FO