

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

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**Mar 04 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 # L21050 (4)**

1. Corporation Name  
**SILVER SLIPPER CLUB OF PALM BEACH, INC.**



Principal Place of Business  
**4514 SOUTH DIXIE HWY.  
WEST PALM BEACH FL 33405**

Mailing Address  
**4514 SOUTH DIXIE HWY.  
WEST PALM BEACH FL 33405-2639**

3. Date Incorporated or Qualified  
**10/02/1989**

3a. Date of Last Report  
**08/05/1996**

21	2. Principal Place of Business Suite, Apt #, etc.	26	2a. Mailing Address Suite, Apt #, etc.	4.	FBI Number <b>65-0194321</b>	Applied For <input type="checkbox"/> Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	23. Zip	28	28. Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	24. Zip	29	29. Country	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				10. Name and Address of New Registered Agent			
<b>FORTNER, LLOYD B. 230 ROYAL PALM WAY PALM BEACH FL 33480</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GEER, WILLIAM F.		1.2 NAME				
STREET ADDRESS	1433 ARABIAN RD.		1.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE CLARKE SHORES FL		1.4 CITY - ST - ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KESTNER, MIKE		2.2 NAME				
STREET ADDRESS	314 NORTH LAKESIDE DR.		2.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE WORTH		2.4 CITY - ST - ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GEER, DEBORAH J.		3.2 NAME				
STREET ADDRESS	1433 ARABIAN RD.		3.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE CLARKE SHORES FL		3.4 CITY - ST - ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GEER, BEVERLY		4.2 NAME				
STREET ADDRESS	1410 BETA COURT		4.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE CLARKE SHORES FL		4.4 CITY - ST - ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KESTNER, ANNE		5.2 NAME				
STREET ADDRESS	314 NORTH LAKESIDE DR.		5.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE WORTH		5.4 CITY - ST - ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITTEN, BARBARA		6.2 NAME				
STREET ADDRESS	1006 SOUTH M STREET		6.3 STREET ADDRESS				
CITY - ST - ZIP	LAKE WORTH 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 a \_\_\_\_\_ address.

**SIGNATURE:** Deborah J. Geer *Tres.* *Deborah J. Geer* 2-27-97 561-659-4371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)