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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 07 1997 8:00am

Secretary of State

407-362-9994

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Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000060903 (8)

PALM TOWERS SOUTH, INC.

appears in Block 12 or Block 13 if changed,

SIGNATURE:

| Principal Place of Business Mailing Address  5355 TOWN CENTER RD  SUITE 601  BOCA RATON FL 33486  Mailing Address  5355 TOWN CENTER RD  SUITE 801  BOCA RATON FL 33486 |  |  | )92                        |   | 3. Date Incorporated or Qualified 3s. Date of Last Report  |  |                        |
|--|--|--|----------------------------|---|--|--|------------------------|
|  |  |  |                            |   | 08/07/1995   | 03/18/1996   |                        |
|  |  | 2a, Mailing Address  |                            |   | 4. FEI Number  | mber LApplied For  |                        |
| er AS ABOVE 26   |  |  | AS ABOVE                   |   | APPLIED FOR -65-0604209 Not Applicable   |  |                        |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.        |   | 58.75 Additional   |  |                        |
| City & State   |  | 27 City 8 Ctata  | City & State               |   | Fee Required   |  |                        |
| 23   |  | ├ <sub>1</sub> '   | 28                         |   | 6. Election Campaign Financin  |  | May Be                 |
| Zip  | Country  | Zip  | Countr                     | v   | Trust Fund Contribution  |  | to Fees                |
| 24   | 25   | 29   | 30                         | ,   | 8. This corporation has liability Florida Statutes   | Yes No   | . 199.032,             |
| 57)  | 9. Name and Address of Cur   |  | 30                         | ······  | 10, Name and Address of New  |  |                        |
| FRIF   | DMAN, ANDREW J   | ······································                                   | 81                         | Name  |  |  |                        |
| 5355 TOWN CENTER RD  |  |  |                            | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                        |
| SUITE 801  |  |  | 04                         | Street Address (P.O. Box Number is Not Acceptable)    |  |  |                        |
| BOCA RATON FL 33486  |  |  | 83                         |   |  | <del></del>  | ······                 |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                      |  |                            |   |  | Tank a   |                        |
|  |  |  | 84                         | City  |  | FL 85 Zip  | Code                   |
| CIONIAT: IDE   | Signature, typed or printed name of registered                               | agent and title if applicable. (NOTI                                     | E: Registered Ag           |   | red when reinstating)  ADDITIONS/CHANGES TO O  | DATE   | DO IN 10               |
| TITLE  | PD   | DELETE   | 13.                        |   | ADDITIONS/CHANGES TO U   | Change   | Addition               |
| NAME   | NUDELMAN, JOSEPH   | OLLLIE   | 1.2 NAME                   |   |  | E Crange   | M MORIOII              |
| STREET ADDRESS   | 5355 TOWN CENTER RD 8  | LITTE RO1  |                            | T ADDRESS   |  |  |                        |
| CITY-ST-ZIP  | BOCA RATON FL 33486  |  | 1.4 CITY -                 |   |  |  |                        |
| 1iiLE  | ST   | DELETE   | 2.1 TITLE                  | <u> </u>  | · · · · · · · · · · · · · · · · · · ·  | ☐ Change   | Addition               |
| NAME   | NUDELMAN, NORMA  |  | 2.2 NAME                   |   |  |  |                        |
| STREET ADDRESS   | 5355 TOWN CENTER RD S  | UITE 801   | 2.3 STREE                  | T ADDRESS   |  | •  |                        |
|  | BOOK-DATON EL COARS  |  | 2. 4 CITY-                 | ST-ZIP  | and any other and the property of the property |  | . share                |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE                  |   |  | ☐ Change   | Addition               |
| NAME   |  |  | 3.2 NAME                   |   |  |  |                        |
| STREET ADDRESS   |  |  | 3.3 STREE                  | T ADDRESS   |  |  |                        |
| CITY-ST-ZiP  |  |  | 3.4. CITY                  | ST-ZIP  | ······································   | · ·  |                        |
| HILE   |  | ☐ DELETE   | 4.1 TITLE                  |   |  | ∟ Change   | Addition               |
| NAME   |  |  | 4. 2 NAME                  |   |  |  |                        |
| STREET ADDRESS   |  |  |                            | T ADDRESS   |  |  |                        |
| CITY-SI-7/P  |  | ☐ DELETE   | 4.4 CITY -                 | ST-ZIP  |  | [ ] Change   | Addition               |
| TITLE  |  |  | 5.1 TITLE                  |   | ·  | Change   | LL Addition            |
| NAME<br>Olocci abobico   |  |  | 5.2 NAME                   |   |  |  |                        |
| STREET ADDRESS   |  |  |                            | T ADDRESS   |  |  |                        |
| CHY-ST-ZIP<br>TITLE  |  | DELETE   | 5.4 CITY-<br>6.1 TITLE     | 51 - ZiP  |  | Change   | Addition               |
| NAME   |  | had beatte   | 6.2 NAME                   | }   |  | Fin Augusta  | Auguno)                |
| STREET ADDRESS   |  |  |                            | T ADDRESS   |  |  |                        |
| CITY-ST-ZIP  |  |  | 6.4 CITY-                  |   |  |  |                        |
|  | by certify that the information supr   | olied with this filling does not qualif                                  |                            |   | d in Section 119.07(3)(i). Florida Sta   | tutes. I further certify that                            | the                    |
| information<br>Lami an of  | n indicated on this arinual report i<br>ficer or director of the corporation | or supplemental ar sual report is to<br>or the receiver of trustee empow | rue and acc<br>ered to exe | urate and that<br>cute this repo                      | d in Section 119.07(3)(i), Florida Sta<br>t my signature shall have the same I<br>rt as required by Chapter 607, Floric  | legal effect as if made un<br>da Statutes; and that my r | der oath; that<br>name |