

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P95000062649 (5)

WEST PALM BULB, INC.



| | |
|---|---|
| Principal Place of Business 4100 NORTH POWERLINE ROAD SUITE H5 POMPANO BEACH FL 33073 | Mailing Address 4100 NORTH POWERLINE ROAD SUITE H5 POMPANO BEACH FL 33073 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 4275 Okeechobee Blvd Suite, Apt #, etc. 22 Store E City & State 23 West Palm Beach, FL Zip Country 24 33409 25 USA | | 2a. Mailing Address 26 " AS ABOVE " Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 08/11/1995 | |
| 4. FEI Number 65-0607140 | | Applied For 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

FABIAN, RONALD
4100 NORTH POWERLINE ROAD
SUITE H5
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name **JAKE GERSOWSKY**
 82 Street Address (P.O. Box Number is Not Acceptable)
4100 N. POWERLINE RD
 83 **SUITE H-5**
 84 City **POMPANO BEACH** **FL** 85 Zip Code **33073**

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, in 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 **JAKE GERSOWSKY** **CONTROLLER** **3/4/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | FABIAN, RONALD |
| STREET ADDRESS | 4100 NORTH POWERLINE ROAD, SUITE H5 |
| CITY-ST-ZIP | POMPANO BEACH FL 33073 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | SECRETARY / CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JAKE GERSOWSKY |
| 1.3 STREET ADDRESS | 4100 N. POWERLINE RD # H-5 |
| 1.4 CITY-ST-ZIP | POMPANO BEACH, FL 33073 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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 the attachment with an address

SIGNATURE: **JAKE GERSOWSKY** **3/4/98** **(954) 984-9136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0166218

CR2E034 (10/97)