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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081649 (0)

119 PALMETTO CORP.

BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE.

City & State

Zip

21

22

23

24

Principal Place of Business

119 E PALMETTO PARK ROAD

Country

GROSHEIM, GEORGE B 119 E PALMETTO PARK ROAD

9. Name and Address of Current Registered Agent

119 E PALMETTO PARK ROAD BOCA RATON FL 33432

Mailing Address

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

FILED May 11 1998 8:00am Secretary of State

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	DO NOT WR	ITE IN THIS	SPACE	
Date Incorp	orated or Qualifie	ed		,
09/22/19	97			

8. This corporation owes or has paid the current year intangible

5. Certificate of Status Desired

 Etection Campaign Financing Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

BOCA RATON FL 33432								
		83						
ξ		84	City	ty FL 85 Zip Code				
44 District	to the previous of Castions 607 0100 and 607 1100	Clorida Ctatutos th						
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		3.	Jerk sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		.1 TITLE		Change Addition			
NAME	ALETTO, ALFRED		2 NAME					
STREET ADDRESS	6401 POND APPLE ROAD			T ADDRE	NESS .			
CITY-ST-ZIP	BOCA RATON FL 33432		4 City-:		··· (
TITLE	STD		1 TITLE	<u> </u>	Change Addition			
NAME	ALETTO, ANNA	2	2 NAME					
STREET ADDRESS	6401 POND APPLE ROAD	2	.3 STREE	1 addre	NESS			
CITY-ST-ZIP	BOCA RATON FL 33432		4 CITY		1			
TITLE			I TITLE		☐ Change ☐ Addition			
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CITY-ST-ZIP	<u> </u>	3	.4. CITY-	ST-ZIP	,			
TITLE		DELETE 4	.1 TITLE		Change Addition			
NAME		4	2 NAME					
STREET ADDRESS		4	3 STREE	1 ADDRE	KESS			
CITY-ST-ZIP			4 CITY-	ST-ZIP				
TITLE		DELETE 5	.1 TITLE		Change Addition			
NAME		5	2 NAME					
STREET ADDRESS		5	3 STREE	1 adore	iess			
CITY-ST-ZIP			4 CITY - :	ST-ZIP				
TITLE		DELETE 6	1 TITLE		Change Addition			
NAME		6	.2 NAME					
STREET ADDRESS		6	3 STREE	I ADDRE	ESS (
CITY-ST-ZIP			4 CITY-					
14. Thereby certify that the information supplied with this fliping 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 supplying the arrival 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 recitive of 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 attack fund with an address.								

Country

81