

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90006 032 \*\*\*150.00

0286937

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000063099**

1. Corporation Name  
**NORTH PALM PROPERTIES, INC.**

Principal Place of Business  
**6400 NORTH ANDREWS AVE.  
 FT.LAUDERDALE FL 33309**

Mailing Address  
**6400 NORTH ANDREWS AVE.  
 FT.LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/17/1998**

4. FEI Number **65-0851374** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUKE, BRYAN W  
 6400 NORTH ANDREWS AVE.  
 FT.LAUDERDALE FL 33309**

81 Name

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

83

84 City

**FL**

85 Zip Code

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	DP	<input type="checkbox"/> DELETE
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JONES, PATRICIA'	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STINE, JAMES W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERRA, ROCCO	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

954/776-9300

Date

Daytime Phone #

CR2E034 (11/98)