FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # N25033 (4)

1. Corporation Name
BEAUTIFUL PALM BEACHES, INC.

Principal Place of Business	Mailing Address
c/o MALISSA S. BOOTH, EXEC DIR. ~~C/O ELIZABETH MILLER~~ P. O. BOX 1309 WEST PALM BEACH FL 33402 US	c/o MALISSA S. BOOTH, EXEC. DIR. ~~C/O ELIZABETH MILLER~~ P. O. BOX 1309 WEST PALM BEACH FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0117981 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

COHEN, LOUIS M.
505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P D ☒ Change ☐ Addition
NAME	TILLINGER, JERRY	12 NAME	JEFF KOONS
STREET ADDRESS	P. O. BOX 640 N/A	13 STREET ADDRESS	7305 GARDEN ROAD
CITY ST ZIP	W PALM BEACH FL	14 CITY - ST - ZIP	RIVIERA BEACH, FL 33404
TITLE	VD	21 TITLE	VP D ☒ Change ☐ Addition
NAME	LEISINGER, JO ELLEN	22 NAME	GEORGE G GENTILE
STREET ADDRESS	200 DE SOTA ROAD	23 STREET ADDRESS	1001 U.S. HIGHWAY ONE, #205
CITY - ST - ZIP	WEST PALM BCH FL	24 CITY - ST - ZIP	JUPITER, FL 33478
TITLE	VD	31 TITLE	VP D ☒ Change ☐ Addition
NAME	MILLER, ELIZABETH	32 NAME	RICHARD STAUDINGER
STREET ADDRESS	3400 BELVEDERE RD.	33 STREET ADDRESS	ONE HARVARD CIRCLE
CITY - ST - ZIP	WEST PALM BCH. FL	34 CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	SD	41 TITLE	S D ☒ Change ☐ Addition
NAME	MATSOUKAS, GEORGE	42 NAME	GEORGE MATSOUKAS
STREET ADDRESS	4200 CONGRESS AVE.	43 STREET ADDRESS	4200 CONGRESS AVE
CITY - ST - ZIP	LAKE WORTH FL	44 CITY - ST - ZIP	LAKE WORTH, FL 33461
TITLE	TD	51 TITLE	T D ☒ Change ☐ Addition
NAME	WINCHESTER, JACKIE	52 NAME	JACKIE WINCHESTER
STREET ADDRESS	301 N. OLIVE AVE., ROOM 105	53 STREET ADDRESS	301 N. OLIVE AVE #105
CITY - ST - ZIP	W. PALM BEACH FL	54 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X John Koons X 3-31-95 X 686646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047740