

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G62215

(0)

1. Corporation Name

JOELYSE OF PALM BEACH, INC.



Principal Place of Business

209 ROYAL POINCIANA WAY
PALM BEACH FL 33480

Mailing Address

209 ROYAL POINCIANA WAY
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TANEN, JEFFREY S
2 BISCAYNE BLVD.
MIAMI FL 33131

3. Date Incorporated or Qualified

09/02/1983

3a. Date of Last Report

03/16/1995

4. FFI Number

59-2332877

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature (Typed or Printed Name of Registered Agent and Title, if applicable)

Signature (Typed or Printed Name of Registered Agent and Title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TANEN, JEFFREY S
STREET ADDRESS 2 S BISCAYNE BLVD S 1980
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

TITLE PD
NAME TANEN, JOEL
STREET ADDRESS 1684 GRANTHAM DR
CITY-ST-ZIP W PALM BEACH FL ☐ DELETE

TITLE VD
NAME TANEN, BARBARA
STREET ADDRESS 861 LAKESIDE DRIVE
CITY-ST-ZIP N. PALM BCH. FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 CITY-ST-ZIP

19 CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey S. Tanen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7746

4678332341
Daytime Phone #

CR2E034 (12/95)