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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000010773 (7)

1. Corporation Name
D R PALM BEACH, INC.

Principal Place of Business
1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

Mailing Address
1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401-2002

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

3. Date Incorporated or Qualified: **02/09/1994**	3a. Date of Last Report: **04/08/1996**
4. FEI Number: **65-0467441**	☐ 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	

9. Name and Address of Current Registered Agent

WOOD, MICHAEL
1800 PALM BEACH LAKES BLVD.
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELLA RATTA, JOSEPH M		1.2 NAME		
STREET ADDRESS	18385 S.E. VILLAGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33489		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELLA RATTA, JAMES J.		2.2 NAME		
STREET ADDRESS	7061 COPPERWOOD WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELLA RATTA, J. RAPHAEL		3.2 NAME		
STREET ADDRESS	ROUTE 97		3.3 STREET ADDRESS		
CITY-ST-ZIP	GLENWOOD MD 21738		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DELLA RATTA, JENNIFER		4.2 NAME		
STREET ADDRESS	715 SO. WASHINGTON STR., #12-A		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22314		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, MICHAEL		5.2 NAME		
STREET ADDRESS	1800 PALM BEACH LAKES BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPITZ, FRED		6.2 NAME		
STREET ADDRESS	3130 NO. 52ND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: Michael Wood Vice President 561/689-9310