


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

FILED  
Jan 28 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PD                        | <input type="checkbox"/> DELETE |
| NAME           | DELLA RATTA, JOSEPH M     |                                 |
| STREET ADDRESS | 18385 S.E. VILLAGE CIRCLE |                                 |
| CITY-ST-ZIP    | TEQUESTA FL 33489         |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | DELLA RATTA, JAMES J. |                                 |
| STREET ADDRESS | 7061 COPPERWOOD WAY   |                                 |
| CITY-ST-ZIP    | COLUMBIA MD           |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | S                       | <input type="checkbox"/> DELETE |
| NAME           | DELLA RATTA, J. RAPHAEL |                                 |
| STREET ADDRESS | ROUTE 97                |                                 |
| CITY-ST-ZIP    | GLENWOOD MD 21738       |                                 |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | T                              | <input type="checkbox"/> DELETE |
| NAME           | DELLA RATTA, JENNIFER          |                                 |
| STREET ADDRESS | 715 SO. WASHINGTON STR., #12-A |                                 |
| CITY-ST-ZIP    | ALEXANDRIA VA 22314            |                                 |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | V                          | <input type="checkbox"/> DELETE |
| NAME           | WOOD, MICHAEL              |                                 |
| STREET ADDRESS | 1800 PALM BEACH LAKES BLVD |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33401   |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | S                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | SPITZ, FRED          |  |
| STREET ADDRESS | 3130 NO. 52ND STREET |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/S



Change



Addition



Change



Addition

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, or on an attachment with an address.

SIGNATURE:

Michael Wood

1/6/98

(561) 683-8810

CR2E034 (10/97)