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NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722805

(9)

RAPALLO SOUTH, INC.

FILED Apr 14 1998 8:00am Secretary of State

|--|

Principal Piac	ce of Business	Mailing Address						
1801 S. FLAGLER DR.		1801 S. FLAGLER DR.			3. Date Incorporated or Qualified			
W. PALM BEAL		W. PALM BEACH FL 3				ĮI.		
				ŀ	03/01/1972 4. FEI Number		- TA	pplied For
								lot Applicable
2 Principal F	Place of Business	2a. Malling Address			59-1440220			<u>. </u>
21		26			5. Certificate of Status Desired			Additional lequired
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
Žip	Country	Zip	Country					stangible
24	25	29	30		This corporation owes or has p Personal Property Tax due Jun			itangibie □ No
	9. Name and Address of Cur		1301	 -	10. Name and Address of New R			
			81	Name				
NACON	OINDAN VEACED & CEDO	NA.						
	, GULDAN, YEAGER & GERSO	איי	82	Street Addres	s (P.O. Box Number is Not Accepte	able)		
	ALM BEACH LAKES BLVD.		B3			·		. ,
WESI P	PALM BEACH FL 33402		~					
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florida S	tatutes, the above-	named corpor	ation submits this statement for the	purpose o	f changing	its registered
							xointment es	s registered
office or agent. I a	to the provisions of Sections 617.1 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change v oligations of, Section 617.0500	was authorized by t 3, Florida Statutes	the corporation	n's board of directors. I hereby acco	ept the app		
office or agent. I a SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE: Registered Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.	(NOTE: Registered Agent 13. : 1.1 TITLE	signature required	when reinstaling) ADDITIONS/CHANGES TO OFF	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Bigneture, typed or printed name of registered OFFICERS PD WEINER, ERNEST M.	agent and title if applicable. AND DIRECTORS	(NOTE: Registered Agent 13. 1.1 TITLE 1.2 NAME	signature required	when reinstaling) ADDITIONS/CHANGES TO OFF ASNOPF SIDNEY	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD WEINER, ERNEST M. 1801 S. FLAGLER DRIVE	agent and title if applicable. AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	seignature required S L KRI DDRESS 180	when reinstaling) ADDITIONS/CHANGES TO OFF ASNOPF SIDNEY S. FLAGLER DR.	DATE	DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bignature, typed or printed name of registered OFFICERS PD WEINER, ERNEST M. 1801 S. FLAGLER DRIVE W PALM BCH, FL 00000	l agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST-	S C KRI DDRESS /80	when reinstaling) ADDITIONS/CHANGES TO OFF AS NO PF SIDNEY IS. FLAGLER DR. PALM BCH, FL 83	DATE	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Bigneture, typed or printed name of registered OFFICERS PD WEINER, ERNEST M. 1801 S. FLAGLER DRIVE W PALM BCH, FL 00000 VD	agent and title if applicable. AND DIRECTORS	(NOTE: Registered Agent 13. 11 TITLE 12 NAME 1.3 STREET AC 1.4 CITY-ST- 2.1 TITLE	SE KRI DORESS /80 ZIP W:	when reinstaling) ADDITIONS/CHANGES TO OFF ASNOPF SIDNEY S. FLAGLER DR. PALM BCH, FL 83	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WEINER, ERNEST M. 1801 S. FLAGLER DRIVE W PALM BCH, FL 00000 VD WILCOXSON, BILLY	l agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	SE KRI DORESS /80 ZIP W:	when reinstaling) ADDITIONS/CHANGES TO OFF ASNOPF SIDNEY S. FLAGLER DR. PALM BCH, FL 83	DATE	DIRECTO Change	RS IN 12
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officer or director of the corporation and appears in that I am a 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 chapted, or on an attachment with an address.

561-832-7581