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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S21750 1. Corporation Name

400 ROYAL PALM, INC.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90040 024 \*\*\*150.00



Principal Place of Business Mailing Address							
400 ROYAL PAL	M WAY	400 ROYAL PALM WAY				•	
STE. #206		STE. #206			DO MOT MOUTE IN THE ODAGE		
	LM BEACH FL 33480 PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE		
us us					3. Date Incorporated or Qualifed		
	**	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			12/31/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21		26			52-1709670   Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	'   '	
<u> </u>	<u> </u>	27.			<del></del>		
City & State		City & State	<b>⊢</b> , ′		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax		
24	25	29	30		T Growing T Good, Taxi		
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent		
KIDD				Name			
KIPP. ERNST-LUDWIG 400 ROYAL PALM WAY LIMITED PARTNERSHIP				82 Street A	dress (P.O. Box Number is Not Acceptable)		
		171101111			A A CONTROL OF THE PARTY OF THE CONTROL OF THE PARTY OF T	71.5	
400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480				83		4 t	
PALA	M DEAUTI PL 33400			84 City	85 Zip Code	13.1	
into the state of the state of	· · · · · · · · · · · · · · · · · · ·	Park Care Jagan			FL   <sup>63</sup>   <sup>23</sup>   <sup>666</sup>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	bove-named co	orporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	ed	
agent. La	in familiar with, and accept the obligati	ons of, Section 607.0505, FI	orida State	ites.	autorio board of directors. This oby decept are appearance as registered		
SIGNATURE		AND IN					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature req	uired when reinstating), , , , , , , , , , , , DATE	á	
12.	OFFICERS AND	- n. u	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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14 I hereby c	certify that the information supplied with	n this filing does not qualify f	or the exer	motion stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that the informatio	111	

indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. 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 experience of the experience of the corporation or the experience of the experience of the corporation or the experience of the exper