NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 769362 1. Corporation Name

249 PERUVIAN BUILDING, INC. A NON-RESIDENTIAL CO **NDOMINIUM**

Principal Place of Business

C/O THEADORE TOUMA 249 PERUVIAN AVE PALM BEACH FL 33480

Mailing Address

249 PERAVIAN AVE PALM BEACH FL 33480

FILED Jul 23, 1999 8:00 am **Secretary of State**

07-23-1999 90008 028 ****61.25

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2. Principal Place of Business , 2a. Mailing Address	3. Date incorporated or Qualified
21 149 PERUVIAN HE 20 % TheAdore	10ans 07/14/1983
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number Applied For
22 27 249 Yerauin	
City & State City & State	5. Certificate of Status Desired Fee Required
Zip Country Zip Co 24 33480 25 U.5A 29 33480 30	Y. B - 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name
TOUMA THEADORE	82 Street Address (P.O. Box Number is Not Acceptable)
524 LAKE SIDE DR	Subst Address (P.O. Box Northber to Not Addeptable)
	83
LAKE WORTH FL 33460	
	84 City FL 85 Zip Code
11 Pursuant to the provisions of Sections 617 (1502 and 617 1508 Florida Statutes the	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sta	ites.
SIGNATURE 8ignature, typed or printed name of rigitatered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
mile PI) DELETE 1.17	
NAME TOUMA THEADORE	
	REET ADDRESS
421 2 420 201	
	IY-ST-ZIP LE Change Addition ME REET ADDRESS TY-ST-ZIP
NAME FOOSE, ROSEMARY 22N	№
- ANICE (SECTION 1 1000) - 1000 - 100	REET ADDRESS
	C104 - C14480-
ITILE DST □ DELETE 31T	T.E Change Addition
NAME WYMER, RUBERT 32N	ME 1 ⁴ /2
STREET ADDRESS 250 COUNTRY CLUB RD 3.3.8	REET ADDRESS
	TY-81-ZP
TITLE DELETE 4.1 TI	1.E Change Addition
NAME 4.28	ME .
STREET ADDRESS 43S	REET ADDRESS
CITY-ST-ZIP44C	Y-ST-ZP
TITLE DELETE SIT	☐ Change ☐ Addition
NAME 52N	ME
STREET ADDRESS 5.3 S	REET ADDRESS
	Y-\$T-ZP
TITLE COLLETE GITT	LE Change Addition
	ve
NAME:	RR_
none:	REET ADDRESS
STREET ADDRESS 635	····]

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under earn; man and afficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817. Florida Statutes; and that my name appears in

SIGNATURE: