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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

197050

(8)

ADEIMY - WM D - INC OF WEST PALM BEACH

FILED May 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address						J1911 91911 8181	JI WIB II 120 1	
1201 OMAR William D / West Palm		1201 OMAR ROAD WILLIAM D ADEIMY WEST PALM BEACH FL 33405			DO NOT WRITE	IN THIS S	PACE			
						 Date Incorporated or Qualified 10/24/1956 				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number 59-0781779		_ 	pplied For of Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	10	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		28 Zip			·	8. This corporation owes or has pa				
24	25	29	30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
	DEIMY, J M		E	11 Na	ame					
	01 OMAR RD EST PALM BEACH FL 33405		[6	2 S1	reet Addire	ess (P.O. Box Number is Not Acceptab	le)			
				13						
				14 Ci	•		FL		Code	
office or	to the provisions of Sections 607.00 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was	: authorized	by the	med corp corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of of the appo	changing it sintment as	s registered registered	
SIGNATURE							DATE			
			13.	Agent sig	mature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DIBECTOR		
12.	PDTS	DELETE	1.1 T(TL	E		ADDITIONAL TO GITTE		Change	Addition	
NAME	ADEIMY, JEANNE M		1.2 NAN	1E						
STREET ADDRESS	363 PINEWAY TERR		. 1.3 STREET ADDRES		RESS					
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY	'- ST- ZIP	·					
TITLE		☐ DELETE	2.1 TITL	F				☐ Change	☐ Addition	
NAME			2.2 NAN	1E						
STREET ADDRESS				EET ADDF						
CITY-ST-ZIP		DEALER		2. 4 C/TY - ST - Z/P				Change	Addition	
TITLE				31 TITLE 3.2 NAME					L. Addition	
NAME OVEREZ ABORRAGO				11: Eet addf	ocee				}	
STREET ADDRESS										
CITY-SY-ZIP		DELETE	4.1 1(fL	Y - ST - ZII F	r			Change	Addition	
NAME			4 2 NA						_	
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CITY-ST-ZIP				7 - ST - ZIF	i					
TITLE		DELETE	5.1 TITL					Change	☐ Addition	
NAME			5.2 NAM							
STREET ADDRESS				 Eet addi	RESS					
CITY-ST-ZIP				/ - ST - ZIF	1					
TITLE		DELETE	6.1 TITL					Change	Addition	
NAME			6.2 NAM	ME.						
STREET ADDRESS			6.3 STR	EET ADDI	RESS					
CITY-ST-ZIP				/-S1-ZIF						
		117				Caption 440 07/21/0 Florido Statutos I	6	414 . 41- 44 41- 4	In Co	

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 informatio indicated on this annual roport or supplemental annual roport 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.