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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MORTON
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **305733** (8)

FLORIDA CORPORATE REPORT

PALM BEACH DEVELOPMENT & SALES CORP

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2601 BISCAYNE BLVD
P.O. BOX 370308
MIAMI FL 33137**

Mailing Address: **2601 BISCAYNE BLVD
P.O. BOX 370308
MIAMI FL 33137**

3. Date Incorporation or Qualification: **06/01/1966** 3a. Date of Last Report: **06/01/1994**

4. FEI Number: **59-1143928** 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 has liability for intangible tax under s. 199.03, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business: 2a. Mailing Address:

21. State, Apt. # etc.: 26. State, Apt. # etc.:

22. City & State: 27. City & State:

23. Zip: 28. Zip:

24. County: 25. County: 29. County: 30. County:

9. Name and Address of Current Registered Agent

**CAIRNS, TERRENCE V.
2601 BISCAYNE BLVD.
MIAMI FL 33137**

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 197.03(1), and 607.15(8), 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 607.03(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent or Other Representative)

(Signature of Registered Agent or Designated Agent or Other Representative)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1. TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, JAMES	1. NAME	
STREET ADDRESS	2601 BISCAYNE BLVD.	1. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1. CITY, ST, ZIP	
TITLE	ST	2. TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, MICHELLE	2. NAME	
STREET ADDRESS	2601 BISCAYNE BLVD	2. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2. CITY, ST, ZIP	
TITLE	DV	3. TITLE	☐ Change ☐ Addition
NAME	MILLER, ROGER	3. NAME	
STREET ADDRESS	2601 BISCAYNE BLVD	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law s. 199.03(1)(b), Florida Statutes. I further certify that the information indicated on this annual report of long-term financial 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:

(Signature and Typed or Printed Name of Registered Agent or Director)

Roger Miller

4/26/95

305 576-6333