

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 339705 (6)

1. Corporation Name
THE REGENCY OF PALM BEACH, INC.



Principal Place of Business 2760 SOUTH OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2760 SOUTH OCEAN BLVD. PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/31/1968	
4. FEI Number 59-1295501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HIRSCH, HERBERT
2760 S. OCEAN BLVD #104
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Gray, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARETTS, FRED	1.2 NAME	2760 S. Ocean Blvd
STREET ADDRESS	2760 S OCEAN BLVD	1.3 STREET ADDRESS	Palm Beach, FL. 33480
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISER, MARY ANN	2.2 NAME	
STREET ADDRESS	2760 S. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Glassman, Harvey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, HERBERT	3.2 NAME	2760 S. ocean Blvd.
STREET ADDRESS	2760 S. OCEAN BLVD.	3.3 STREET ADDRESS	Palm Beach, FL. 33480
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBERG, RICHARD	4.2 NAME	
STREET ADDRESS	2760 S. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	V.P. Si Liberman
STREET ADDRESS		5.3 STREET ADDRESS	2760 S. Ocean Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Beach, FL. 33480
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Co-Pres. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hope Spinner
STREET ADDRESS		6.3 STREET ADDRESS	2760 S. Ocean Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm Beach, FL. 33480

14. 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 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 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.

Mary Ann Pariser 4/30/98 561-585-0096

CR2E034 (10/97)