

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**97 AUG -7 PM 2:11**

**DOCUMENT # 480772**  
1. Corporation Name

**Palm Bay Imports, Inc.**

Principal Place of Business

Mailing Address

**100 Southeast 5th Ave.  
Boca Raton, FL 33432**

**345 Underhill Blvd.  
Syosset, NY 11791**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

**July 17, 1975**

**July 1997**

4. FEI Number

Applied For

**59-1833544**

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

Trust Fund Contribution

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**300002266499--U**

**08/14/97 01005 0114**

**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **David S. Taub**  
STREET ADDRESS **69 The Intervale**  
CITY-ST-ZIP **Roslyn, NY 11576**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/V/T** ☐ Change ☒ Addition  
12 NAME **Marc D. Taub**  
13 STREET ADDRESS **35 Sutton Place, Apt. 14C**  
14 CITY-ST-ZIP **New York, NY 10022**

21 TITLE **D/P/S** ☒ Change ☐ Addition  
22 NAME **David S. Taub**  
23 STREET ADDRESS **69 The Intervale**  
24 CITY-ST-ZIP **Roslyn, NY 11576**

31 TITLE ☒ Change ☐ Addition  
32 NAME **C**  
33 STREET ADDRESS **Martin G. Taub**  
34 CITY-ST-ZIP **100 S.E. 5th Ave., Apt. 514**  
**Boca Raton, FL 33432**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 28, 1997**

Daytime Phone #

CR2E034 (9/96)