

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Meetham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515221 (0)

1. Corporation Name

PAUL B. HENRY OF PALM BEACH, INC.

Principal Place of Business

236 WORTH AVENUE
PALM BEACH FL 33480

Mailing Address

236 WORTH AVENUE
PALM BEACH FL 33480



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

09/28/1976

3a. Date of Last Report

05/31/1995

4. FEI Number

59-1702248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
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

HENRY, PAUL B.
236 WORTH AVENUE
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

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 of Person to be Registered Agent or Director

Signature of Person to be Registered Agent or Director

Print

12. OFFICERS AND DIRECTORS

12	NAME	P	HENRY, PAUL B.	☐ DELETE
	STREET ADDRESS		236 WORTH AVENUE	
	CITY, ST, ZIP		PALM BCH. FL	
	NAME	S	HENRY, COURTALINE	☐ DELETE
	STREET ADDRESS		236 WORTH AVENUE	
	CITY, ST, ZIP		PALM BCH. FL	
	NAME	T	HENRY, PAUL B.	☐ DELETE
	STREET ADDRESS		236 WORTH AVENUE	
	CITY, ST, ZIP		PALM BCH. FL	
	NAME			☐ DELETE
	STREET ADDRESS			
	CITY, ST, ZIP			
	NAME			☐ DELETE
	STREET ADDRESS			
	CITY, ST, ZIP			
	NAME			☐ DELETE
	STREET ADDRESS			
	CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 omitted from that without notice.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

407-655-5850

CR2E034 (12/95)