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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

601315

(5)

DOCUMENT #
1. Corporation Name BIE, P.A.

Principal Place of Business

513 US N 1 STE 102 N. PALM BEACH FL 33408 Mailing Address

513 US N 1 STE 102 N. PALM BEACH FL 33408



					3. Date incorporated or Qualified 08/25/1969	3a. Date of ta	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2. Principal Pla	ce of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number 59-1290335		Applied For
21		26	26		Not Applica		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	A		6. Election Campaign Financing	_ \$	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip 24	Country 25	Zip 29	Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Ageni	L
BIE, EUGENE F. 513 US NO 1 STE 102					dress (P.O. Box Number is Not Acceptable)		
N. PALM BEACH FL 33408				3			
			8	4 City		FL 85	Zip Code
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authori	ized by the cor	named corporation's bo	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing	its registered office ered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age:	t ase tipe if applicable — — — — — — — — — — — — — — — — — — —	iOTe: Rugistèrea Ag	ient signature requi	red when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PDT	DELETE.	1.1 TITL	F		[] Cha	inge 🔲 Addition
NAME	BIE, EUGENE F.	TT 400	1.2 NAM				
STREET ADDRESS	102 LAKEVIEW BLVD., SUI	IE 102	1.3 STRE	FT ADDRESS			
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY	- \$1 - ZIP		* . M. MATALON	
TITLE	VP MADILYN	DELETE	2 1 TITL	E		Cha	inge 🔲 Addition
NAME	BIE, MARILYN 102 LAKEVIEW BLDG.		2 2 NAM				
STREET ADDRESS	N. PALM BEACH FL		2 3 STRE	ET ADDRESS			
CITY-ST-ZIP	VP		24 CITY		THE STATE OF THE S		
TITLE	BIE. TIMOTHY	DELETE	3 1 TFL	F		☐ Cha	inge 🗌 Addition
NAME	102 LAKEVIEW BLDG		32 NAM	E			
STREET ADDRESS	N PALM BEACH FL		33 STR	EET ADDRESS			
CITY-ST-ZIP	IT ALM DEACHTE	w w	3.4 CHY		THE PERSON OF TH		
TITLE		DELFTE	4 1 TITL			Cha	inge 🗌 Addition
NAME			4.2 NAM				
STREET ADDRESS			•	ET ADDRESS			
CITY-S1-ZIP		[] DELETE	4.4 CITY			Cha	ange [] Addition
TITLE		[_] טנונונ	5 1 THTL				1.18c T W00.00()
NAME			5.2 NAM	1			
STREET ADDRESS				ET ADDRESS			İ
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CITY 6 1 TITL	-SI-ZIP		□ Cha	ange
		["] pricit				[] Cit	inge [] Nuclialit
NAME OTOCKT ADDOCKS			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
City-St-ZiP	L v certify that the information supplied	with this filing is voluntarily fu		-\$1-7iP] bes not qualify	for the exemption stated in Section 119.	.07(3)(k), Florida S	Statutes. I further

certify that the information indicated on the 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 in 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 property, or on an attachment with an address. **SIGNATURE:**

May 6, 1996

407-622-9319