

4 165

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

FILED

Feb 17 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 630513

(0)

1. Corporation Name

PALM BEACH DESIGN, INC.

Principal Place of Business

417 PRIMAVERA WAY  
PALM BEACH FL 33480

Mailing Address

417 PRIMAVERA WAY  
PALM BEACH FL 33480-41063. Date Incorporated or Qualified  
07/23/19793a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 3132 FORTUNE WAY

Suite, Apt. #, etc.

22 SUITE D-33

City &amp; State

23 WEST PALM BEACH, FL

Zip

24 33414

Country

25 USA

2a. Mailing Address

26 3132 FORTUNE WAY

Suite, Apt. #, etc.

27 SUITE D-33

City &amp; State

28 WEST PALM BEACH, FL

Zip

29 33414

Country

30 USA

4. FEI Number

59-2012797

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SCHERER, BRADLEY A  
3175 S CONNESS  
SUITE 208  
PALM SPRINGS FL 33461

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHERER, MARGARET S

STREET ADDRESS 417 PRIMAVERA WAY

CITY-ST-ZIP PALM BEACH FL

TITLE STD ☐ DELETE

NAME SCHERER, ALLAN D

STREET ADDRESS 417 PRIMAVERA WAY

CITY-ST-ZIP PALM BEACH FL

TITLE VD ☐ DELETE

NAME SCHERER, BRAD

STREET ADDRESS 4856 S SHORE BLVD

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

ALLAN D. SCHERER 2/7/97 561-793-7388

Date

Daytime Phone #

CR2E034 (9/96)