

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **643624** (0)

1. Corporation Name
JUBILEE OF PALM BEACH, INC.

Principal Place of Business Mailing Address
1701 SKEE ROAD 1701 SKEE ROAD
P.O. BOX 15498 P.O. BOX 15498
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/31/1979 05/10/1994

4. FEI Number Applied For
59-2036539 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARKEY, MICHAEL P. O. BO
217 PERUVIAN AVE STE 2
W. PALM BEACH FL 33416

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHARKEY
STREET ADDRESS C/O PRISM, 10242 N.W. 47 ST
CITY - ST - ZIP SUNRISE FL
TITLE VPD
NAME SHARKEY, JAYNE
STREET ADDRESS C/O PRISM, 10242 N.W. 47 ST
CITY - ST - ZIP SUNRISE FL
TITLE AT
NAME RESSHER, WILMA
STREET ADDRESS C/O PRISM, 10242 N.W. 47 ST
CITY - ST - ZIP SUNRISE FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 TITLE PD Change Addition
2 NAME Sharkey, Michael
3 STREET ADDRESS C/O Prism, 10242 N.W. 47 St
4 CITY - ST - ZIP Sunrise, FL 33351
5 TITLE VPD Change Addition
6 NAME Sharkey Jayne
7 STREET ADDRESS C/O Prism, 10242 N.W. 47 St
8 CITY - ST - ZIP Sunrise, FL 33351
9 TITLE AT Change Addition
10 NAME Tessermer, Wilma
11 STREET ADDRESS C/O Prism, 10242 N.W. 47 St
12 CITY - ST - ZIP Sunrise, FL 33351
13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY - ST - ZIP
17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Wilma Tessermer* **WILMA TESSMER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 407-689-6868
DATE Office Phone #