

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 643624 (0)
1. Corporation Name
Jubilee of Palm Beach, Inc.

Principal Place of Business 1701 Skee Rd P.O. Box 15498 W. Palm Bch, FL 33411	Mailing Address 1701 Skee Rd. P.O. Box 15498 W. Palm Bch, FL 33411
---	--

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

3. Date Incorporated or Qualified 10-31-79	3a. Date of Last Report 5-1-96
4. FEI Number 59-2036539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

Skarkey, Michael
217 Peruvian Ave Ste 2
W. Palm Bch, FL 33416

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Skarkey, Michael	
STREET ADDRESS	c/o Prism 10252 NW 47 St	
CITY-ST-ZIP	Sunrise, FL	
TITLE	VPP	<input type="checkbox"/> DELETE
NAME	Skarkey, Jayne	
STREET ADDRESS	c/o Prism 10252 NW 47 St	
CITY-ST-ZIP	Sunrise, FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Tessmer, Wilma	
STREET ADDRESS	c/o Prism 10252 NW 47 St	
CITY-ST-ZIP	Sunrise, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

200002167122
-05/06/97--01044--024
*****165.00**

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: *Wilma Tessmer* **WILMA TESSMER** **4/24/97** **561-689-6868**

CR2E034 (9/96)