

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90274 036 ***150.00

DOCUMENT # Corporation Name

Jubilee of the Palm Beaches

Principal Place of Business: ~~1701 SKES ROAD~~ 201 SKES ROAD West Palm Beach FL 33411
Mailing Address: P.O. Box 15498 1701 SKES ROAD West Palm Beach FL 33416

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1701 SKES ROAD Suite, Apt. #, etc.
City & State: West Palm Beach FL
Zip: 33411
Country: Palm Beach
2a. Mailing Address: P.O. Box 15498 Suite, Apt. #, etc.
City & State: West Palm Beach FL
Zip: 33416
Country: Palm Beach

3. Date Incorporated or Qualified: 2/28/75
4. FEI Number: 59-2036539 Applied For: 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: Sharky, Michael 1701 SKES ROAD West Palm Beach FL 33411

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

I, 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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE PD Michael Sharky 10252 NW 47 STREET SUWANEE FL	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6444 BRIDGEPORT LAKE LAKE WORTH FL 33463	
<input type="checkbox"/> DELETE VD Jagne Sharky 10252 NW 47 STREET SUWANEE FL	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6444 BRIDGEPORT LAKE LAKE WORTH FL 33463	
<input type="checkbox"/> DELETE ST Tessmer, Wilma 10252 NW 47 STREET SUWANEE FL	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 CONGRESS WEST PALM BEACH FL 33409	
<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

I 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 with all other like empowered.

SIGNATURE: [Signature] MICHAEL J. SHARKEY

4-26-99 1-561-689-6868

CR2E034 (1/98)