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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 663257 (4)

1. Corporation Name

CONTEMPORARY BUILDERS OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

890 N. FEDERAL HWY
APT 104
LANTANA FL 33462
US

P.O. BOX 3001
LANTANA FL 33465
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLECK, WILLIAM A., ESQUIRE
1530 N FEDERAL HWY
LAKE WORTH FL 33460

3. Date Incorporated or Qualified
12/21/1979

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2022361

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

SIGNATURE

Signature typed or printed name of signatory (not applicable if signatory is not required to be typed or printed)

DATE

Signature typed or printed name of signatory (not applicable if signatory is not required to be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PUOLIMATKA, RAUNO
STREET ADDRESS 896 N FEDERAL HWY
CITY- ST- ZIP LANTANA FL

TITLE S
NAME DIANA F. JACKSON
STREET ADDRESS 896 N. FEDERAL HWY 125
CITY- ST- ZIP LANTANA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

707582-0647

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