

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **677634** (8)

1. Corporation Name  
**VIVI'S OF PALM BEACH, INC.**



Principal Place of Business: **3 VIA PARIGI PALM BEACH FL 33480**  
Mailing Address: **3 VIA PARIGI PALM BEACH FL 33480**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/03/1980</b>	3a. Date of Last Report <b>04/11/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>59-2005611</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAREW, TIMOTHY L  
7130 CLARKE RD  
W PALM BCH FL 33406**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY, ST, ZIP		14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> DELETE	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> DELETE	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	
21. STREET ADDRESS		21. STREET ADDRESS	
22. CITY, ST, ZIP		22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> DELETE	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		24. NAME	
25. STREET ADDRESS		25. STREET ADDRESS	
26. CITY, ST, ZIP		26. 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 amendment with an address.

SIGNATURE: *Timothy J. Carew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (407) 655-9374  
Eighth Floor

CR2E034 (12/95)