SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90013 023 ****61.25

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DOCUMENT # 723696

1. Corporation Name
LA PALMA NORTE, INC.

Principal Place of Business	Mailing Address
C/O J.B. BATEMAN 537 US 1. P.O. BOX 14446 NORTH PALM BEACH FL 33408	537 US 1 SUITE 8 537 US 1. P.O. BOX 14446 NORTH PALM BEACH FL 33408 US

603407 - 90013 - 23

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/20/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1612926 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BATEMAN, J.B.
537 U.S. HWY. #1
N PALM BEACH,FL 33408

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VARELA, F. L.		1.2 NAME		
STREET ADDRESS	537 US 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, DAVID C		2.2 NAME		
STREET ADDRESS	537 US 1		2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BATEMAN, J.B.		3.2 NAME		
STREET ADDRESS	537 US 1		3.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARINEAU-CADMUS, JOAN		4.2 NAME		
STREET ADDRESS	537 US 1		4.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, JOHN E.		5.2 NAME		
STREET ADDRESS	537 US 1		5.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BURCH, ROBERT R., DDS		6.2 NAME		
STREET ADDRESS	537 US 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 617, 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: Robert R. Burch, DDS Aug 6 1999 561-848-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #