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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 724312 (4)**

1. Corporation Name

BUSINESS INC. OF THE PALM BEACHES

Principal Place of Business

Mailing Address

**105 PARADISE HARBOUR BLVD.
P.O. BOX 14212
NORTH PALM BEACH FL 33408****105 PARADISE HARBOUR BLVD.
P.O. BOX 14212
NORTH PALM BEACH FL 33408-0212**3. Date Incorporated or Qualified
09/11/19723a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**4. FEI Number
23-7347370Applied For
Not Applicable5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, KENNETH T
2400 PGA BLVD.
#4
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETENAME **PROBST, ROBERT**
STREET ADDRESS **4 PINEHILL TRAIL EAST**
CITY - ST - ZIP **TEQUESTA FL**1.1 TITLE ☐ Change ☐ AdditionTITLE **PD** ☐ DELETENAME **MASSA, PATRICK**
STREET ADDRESS **11891 US #1, #110**
CITY - ST - ZIP **N PALM BCH FL**1.2 NAME ☐ Change ☐ AdditionTITLE **VD** ☐ DELETENAME **ECKSTEIN, LOWELL**
STREET ADDRESS **C/O SMITH BARNEY INC, 11780 US #1**
CITY - ST - ZIP **N PALM BCH FL**1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE **TS** ☐ DELETENAME **GORDON, KENNETH T**
STREET ADDRESS **2400 PGA BLVD. #4**
CITY - ST - ZIP **PALM BEACH GARDENS FL**1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE **D** ☐ DELETENAME **AXELROD, BOB**
STREET ADDRESS **GOLDEN BEAR PLAZA**
CITY - ST - ZIP **NORTH PALM BEACH FL**2.1 TITLE ☐ Change ☐ AdditionTITLE **D** ☐ DELETENAME **IRWIN, DICK**
STREET ADDRESS **105 PARADISE HARBOUR BLVD**
CITY - ST - ZIP **N PALM BCH FL**2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 617, 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

Date

Daytime Phone # 0040508

CR2E037 (9/96)