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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

821267

(2)

WILLEM WIRTZ GARDEN ASSOCIATES, INC.

FILED

Apr 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 228 PHIPPS PLAZA 228 PHIPPS PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1968 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 23-1620900 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Country Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROOSSINE, ISAIAH Willem Wistz R.O. Box Number is Not Acceptable) 228 PHIPPS PLAZA PALM BEACH FL 33480 11. 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 A Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered \$\text{suction } 607.0505, Florida Statutes. office or registered agent, or bot agent. I am familiar with, and ag 4/20/90 register (Fig. 1) ure require (Fig. 1) instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE ☐ Change TITLE WIRTZ, WILLEM 1.2 NAME NAME 228 PHIPPS PLAZA 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change noitibbe ... 2.1 TITLE TITLE NAME -ROOSSINE, ISAIAH 2.2 NAME STREET ADDRESS 228 PHIPPS PLAZA 2.3 STREET ADDRESS (deceused) PALM BEACH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITL F NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP Change DELETE Addition **B.1 TITLE** TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. Thereby 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 attaphysion with an addless.

SIGNATURE:

4/20/98 (561) 655-1088