FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F39148
1. Corporation Name

CHRISTOPHER'S OF PALM BEACH, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90006 008 ***150.00



Principal Place	e of Business	Mailing Address				PPL WILDING	, , , , , , , , , , , , , , , , , , ,
308 SOUTH COUNTY ROAD 308 SOUTH COUNTY ROAD							
PALM BEACH FL 33480		PALM BEACH FL 33480			DO NOT WOITE IN THIS SPA	05	
					DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed	<u></u>	
					06/02/1981		1
		D. Mailing Addisons		- 77	4. FEI Number	A,	oplied For
2. Principal Pi	lace of Business S County Rd	2a. Mailing Address 26 3085. (6-2	inte	Pd	59-2095933		ot Applicable
••1		26 308 3 - 000 Suite, Apt. #, etc.	7				Additional
Suite, Apt. :	#, etc.	}			5. Certificate of Status Desired 🔲	Fee Re	equired
City & State		City & State		10			May Be
	Pull Black Il.	City & State	illi e	ge			to Fees
	Caustan	Zip	Country		8. This corporation owes the current year Intangit	le	
4 33	980 [25] US P	29 33450 30	ν	5,01.	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			/10. Name and Address of New Registered Age	nt	
			81	Name	La Ri Remented		1
	fond, Joseph		82	Street A	Address (P.O. Box Number is Not Acceptable)	1-	
308	SOUTH COUNTY ROAD		1		address (P.O. Box Number is Not Acceptable)		
PALN	M BEACH FL 33480		83	·		-	
			94	City	() ()	Zin	Code
			84	City	Palm Beach FL 8	132	480
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above	-named c	corporation submits this statement for the purpose of char	ging its	registered
Office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Fiorida. Such chande was autho	nized by i	une corboi	ration's board of directors. I hereby accept the appointme	iii as ie	gistered
agent. Fu	Insport DIAM	OND V Dres.		(Julijinie -		
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: Regi	istered Agent	t signature reg	guired when reinstating) DATE		
12.	OFFICERS AND		13.	0	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	P	☐ DELETE	1.1 TITLE	ĺ	, П	Change	☐ Addition
NAME	DIAMOND, LENORE		1 2 NAME				1
STREET ADDRESS	2784 SOUTH OCEAN BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST	-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE	1		Change	☐ Addition
NAME	DIAMOND, JOSEPH		2.2 NAME				
STREET ADDRESS	2784 S OCEAN BLVD.		2.3 STREET	ADDRESS			•
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-S	T-ZIP	موسیده برد برسیم در از اینهایی <u>است. این اینهایی این اینهایی این اینهایی این اینهایی این اینهایی این اینهایی ا</u>		
TITLE	T	☐ DELETE	3.1 TITLE	_	,	Change	☐ Addition
NAME	DIAMOND, JOSEPH		3.2 NAME				İ
STREET ADDRESS	454 A GOESSI GUIG	j.	3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	PALM BCH. FL		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		· •	4. 2 NAME				ŀ
STREET ADDRESS	}	ł	4.3 STREET	ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS		ĺ	5.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY- ST	r-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	- 1			1
STREET ADDRESS			6.3 STREET	ADDRESS			1
OTTLE : ADDRESS	1		4 4 OVTO 4 OT				

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: