

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB 16 AM 10:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F46695 (5)

1. Corporation Name

PALM BEACH SUMMERS & WINTERS, INC.

**900001410029
-02/20/95--01040--007
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/25/1981	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2127238	Applied For Not Applicable
5. 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**FARKAS, RUTH
389 S. LAKE DRIVE
PALM BEACH FL 33480**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FARKAS, JONATHAN
STREET ADDRESS	C/O 370 LEXINGTON AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	V
NAME	FARKAS, RUTH
STREET ADDRESS	370 LEXINGTON AVENUE
CITY- ST- ZIP	NEW YORK NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 that I receive 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 attachment with an address.

SIGNATURE:

[Signature] **JONATHAN FARKAS, Pres.** **2-8-95 (12/2) 517-9330**

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)