

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F46695 (5)

1. Corporation Name
PALM BEACH SUMMERS & WINTERS, INC.

Principal Place of Business
C/O HERBERT PAUL P.C.
370 LEXINGTON AVE.
NEW YORK NY 10017

Mailing Address
C/O HERBERT PAUL P.C.
370 LEXINGTON AVE.
NEW YORK NY 10017-6503

3. Date Incorporated or Qualified
09/25/1981

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

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 N R A I SERVICES INC.
82 Street Address 526 E. Park Avenue
83
84 City Tallahassee FL 85 Zip Code 32301

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

Sandra B. Mortham
Sandra B. Mortham, Asst. Secretary
(NOTE: Registered Agent signature required when installing)

4/17/97

12. OFFICERS AND DIRECTORS

1.1 TITLE P
1.2 NAME FARKAS, JONATHAN
1.3 STREET ADDRESS C/O 370 LEXINGTON AVE.
1.4 CITY-ST-ZIP NEW YORK NY
☐ DELETE

2.1 TITLE V
2.2 NAME FARKAS, RUTH
2.3 STREET ADDRESS 370 LEXINGTON AVENUE
2.4 CITY-ST-ZIP NEW YORK NY 10017
☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS c/o Herbert Paul P.C. 370 Lexington Ave.
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 100002150391--6
2.4 CITY-ST-ZIP -04/22/97--01040--007
***165.00 ***165.00
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 (212) 517-9330

Date

Daytime Phone #

0004086

CR2E034 (9/96)