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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001171 (5)

1. Corporation Name
COMMONWEALTH PALM COAST CORPORATION



Principal Place of Business

% CT CORP SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324

Mailing Address

% CT CORP SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324-4413

3. Date Incorporated or Qualified
03/07/1996

3a. Date of Last Report

1st Report

4. FEI Number
95-4566556

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 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GILBERT, PETER M
STREET ADDRESS 30 N 3RD ST-5TH FLR
CITY-ST-ZIP HARRISBURG PA 17101

TITLE D ☐ DELETE
NAME KALMAN, DAVID J
STREET ADDRESS 30 N 3RD ST-5TH FLR
CITY-ST-ZIP HARRISBURG PA 17101

TITLE D ☒ DELETE
NAME BRACCIA, JOSEPH A
STREET ADDRESS 30 N 3RD ST-5TH FLR
CITY-ST-ZIP HARRISBURG PA 17101

TITLE P ☐ DELETE
NAME LEARY, THEODORE M JR
STREET ADDRESS 11777 SAN VICENTE BLVD #900
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE CFOV ☐ DELETE
NAME DEL FRANCO, PETER A
STREET ADDRESS 11777 SAN VICENTE BLVD #900
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE V ☐ DELETE
NAME GABRIEL, SHARYL A
STREET ADDRESS 11777 SAN VICENTE BLVD #900
CITY-ST-ZIP LOS ANGELES CA 90049

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Director
3.3 STREET ADDRESS Francis J. Donlevy
3.4 CITY-ST-ZIP 30 N. 3rd St., 5th Floor
Harrisburg, PA 17101

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(310) 820-6661
Betty J. Kenyon, Secretary 3/28/97

Date

Daytime Phone #

CR2E034 (9/96)