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

APPROVED AND FILED

95 MAY -1 AM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G11585 (8)

1. Corporate Name
PALM BEACH SAMPLER, INC.

Principal Office Address
C/O DORIS ROBBINS
25 B STRATFORD DRIVE
BOYNTON BEACH FL 33436
US

Mailing Address
C/O DORIS ROBBINS
25 B STRATFORD DRIVE
BOYNTON BCH FL 33436
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
29 30

4. FEI Number: 22-2845098 — 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. Does corporation qualify for exemption under Section 607.0505 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NILES, D. JUSTIN
7777 GLADES ROAD SUITE 309
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2600 N. Military Trail, Suite 270
83
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the above named registered agent accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

SIGNATURE: 4-26-95

12. OFFICER AND DIRECTOR

TITLE	DPT
NAME	NILES, JOYCE B.
STREET ADDRESS	24 OAKS LN
CITY, ST, ZIP	BOYNTON BCH. FL
TITLE	DVS
NAME	ROBBINS, DORIS
STREET ADDRESS	25 B STRATFORD DRIVE
CITY, ST, ZIP	BOYNTON BCH. FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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STREET ADDRESS
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CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that I am an officer or director of the corporation and that this corporation is current with all filings required by Chapter 607 Florida Statutes. Further, I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 of this report or in attachments hereto.

SIGNATURE: 4-27-95 (407) 734-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0264167 CP