FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G11585** **(8)**

1. Corporation Name

PALM BEACH SAMPLER, INC.

Principal Place of Business

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

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

3. Date Incorporated or Qualified: **12/03/1982**

3a. Date of Last Report: **05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NILES, D. JUSTIN
2600 NORTH MILITARY TRAIL
SUITE 270
BOCA RATON FL 33431

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 Section 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1a NAME	
1b STREET ADDRESS	
1c CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2a NAME	
2b STREET ADDRESS	
2c CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3a NAME	
3b STREET ADDRESS	
3c CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4a NAME	
4b STREET ADDRESS	
4c CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5a NAME	
5b STREET ADDRESS	
5c CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6a NAME	
6b STREET ADDRESS	
6c CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate. Each officer and director has consented to be named in the report. I further 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 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 added by this amendment with an address.

SIGNATURE: X Joyce B. Niles 2/11/96 (407)734-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)