

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAR -7 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **G36078** (5)

1. Corporation Name

NEW IMAGE OF PALM BEACH, INC.

Principal Place of Business

**3691 WOOLBRIGHT RD.
BOYNTON BEACH FL 33436**

Mailing Address

**3691 WOOLBRIGHT RD.
BOYNTON BEACH FL 33436**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KARNES, MAGLEEN
9629 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437**

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 for 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 individual officer/director

(NOTE: Registered Agent must enter name and address when registered)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP KARNES, MAGLEEN**
STREET ADDRESS **9629 EL CLAIR RANCH ROAD**
CITY- ST- ZIP **BOYNTON BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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: **Magleen Karnes** 2-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc

Daytime Phone #

407-7347562

CR2E034 (12/95)

PS 2082 ②

Larry C. Rosenman, C.P.A., P.A.

9927 Robin's Nest Road ☐ Boca Raton, Florida 33496 ☐ (407) 451-4438

Member in good standing
Florida Institute of Certified Public Accountants

January 30, 1996

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To whom it may concern:

Please note that the FEI number preprinted in box #4 of document # G36078 is incorrect. The Fei number for **NEW IMAGE OF PALM BEACH, INC.** should read as follow:

59-2328442

Your prompt attention to this matter is greatly appreciated. If you have any questions at all, please feel free to contact me at the above location. I am ...

Sincerely yours,

Larry Rosenman C.P.A.

Larry C. Rosenman C.P.A., P.A.

Enclosures

LCR/br

changed
3/10/96
RL