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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20277

(0)

FIRST STREET CORPORATION

Principal Place of Business Mailing Address 2875 \$ OCEAN BLVD 2875 \$ OCEAN BLVD 215 PALM BEACH FL 33480-5590 PALM BEACH FL 33480-5593				
U\$ 2. Principal Place of Business	US		09/10/1984	3a. Date of Last Report 07/16/1996
21 2875 5 Ocean Blud	2a. Mailing Address 26 2875 S C		4. FEI Number 59-2455149	Applied For
Suite, Apt. #, etc.	26 387.5 S C Suite, Apt. #, etc.	ocean Blud		Not Applicable \$8.75 Additional
22 # Q15	27 # 215		5. Certificate of Status Desired	Fee Required
City & State	City & State	~ ,	6. Election Campaign Financing	\$5.00 May Bo
Zip Beach FL Country	28 Palm Bec	Country		Added to Fees
24 33 480-5590 25	29 33480-55403		8. This corporation has liability for int Florida Statutes	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	
WALLACK, STEPHEN L		81 Name		
3140 SOUTH OCEAN BLVD.		82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480		83		
		63		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	02 and 607.1508, Florida Statutes o of Florida. Such change was aut pations of, Section 607.0505, Florid	the above-named corporation that the corporation of	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE Signature, typed or printed name of registered ag	ent and title it annicable (NOTC)	legistored Agent signature require	od ukra reinstalira)	DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TALE P	☐ DELETE	1.1 TILE		Change Addition
NAME WALLACK, STEPHEN L.		1.2 NAME		
STREET ADDRESS 3140 S. OCEAN BLVD.		1.3 STREET ADDRESS		
OITY-ST-ZIP PALM BEACH FL	DELETE	1.4 CITY · SI · ZIP		[A + 422
NAME	La precie	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY- ST- ZIP		
TITLE	☐ DELEJE	3.1 TITLE		Change Addition
NAME		3.2 NAME	•	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T COLLEGE	3.4. CITY+ST-ZIP		
NAME	☐ DETEATE	4.1 TITLE		Change Addition
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-S1 - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	T process	5.4 CITY-ST-ZIP		
TITLE	☐ DITETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-st-zip 14. I do hereby certify that the information supplie	d with this filing does not qualify f	6.4 CITY-ST-ZIP or the exemption stated	in Section 119,07(3)(i). Florida Statutos	further certify that the
information indicated on this annual report or I am an officer or director of the corporation appears in Block 12 or Block 13 if changes, s	supplemental armual report is true r the receiver or trustee empowers yon an attachment with an addre	and accurate and that red to execute this report ss.	my signature shall have the same legal e as required by Chapter 607, Florida Stat	ffect as if made under eath; that utes; and that my name