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1. Entry Name

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SO. OCEAN BLVD. 205 BEACH FL 33480	P O BOX 871 PALM BEACH FL 33480-0871 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2551889	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
BROMLEY, RICHARD S. 3250 SO. OCEAN BLVD. PALM BEACH FL 33480	Name
	Street Address
	City

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

EDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D BROMLEY, RICHARD 3250 S.OCEAN BLVD. PALM BEACH FL 33480	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete P BROMLEY, MICHAEL 3250 S OCEAN BLVD PALM BEACH FL 33480	☐ Change ☒ Addition	Vice President BROMLEY, STEPHEN 3250 S OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete S BROMLEY, GABRIELLE 3250 S OCEAN BLVD PALM BEACH FL 33480	☐ Change ☐ Addition	000003170090--9 -03/14/00--01126--017 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition	SP

13. I 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 report or supplemental report is true and accurate and that my signature shall have the effect of a sworn statement of the officer or employee of the corporation or organization, or of an agent, who is authorized to execute this report or supplemental report.

SIGNATURE: [Signature] Date: 3/2/00 561-582-0444

CR2E034 (9/99)