

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 03 1998 8:00am  
Secretary of State

DOCUMENT # J05194 (2)

1. Corporation Name

HOLDER CORP. OF WEST PALM BEACH

Principal Place of Business

3939 S. CONGRESS AVE. SUITE 101  
LAKE WORTH FL 33461

Mailing Address

3939 S. CONGRESS AVE. SUITE 101  
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1986

4. FEI Number

59-2699070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3939 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 108

City & State

23 Lake Worth, FL

Zip

24 33461

Country

25 Palm Beach

2a. Mailing Address

26 3939 S. Congress Ave

Suite, Apt. #, etc.

27 Suite 108

City & State

28 Lake Worth, FL

Zip

29 33461

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

VEVERKA, LILLIAN C.  
3939 S. CONGRESS AVENUE, SUITE 101  
LAKE WORTH FL 33461

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 Sections 607.0502 and 607.1508, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VEVERKA, LILLIAN C.  
STREET ADDRESS 3636 WHITEHALL DRIVE, APT. 101  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ DELETE

NAME OKERSON, MARTHA O.  
STREET ADDRESS 1340 CHURCHILL RD  
CITY-ST-ZIP W. PALM BEACH FL

TITLE ST ☐ DELETE

NAME SENGELAUB, PATRICIA  
STREET ADDRESS 4946 LAUB LANE  
CITY-ST-ZIP W PALM BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

*Patricia Sengelau*

1-21-98 F11-919-1662

CR2E034 (10/97)