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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

CITY - \$1 - 7/P

DOCU!	MENT # J13381	(5)			
DRIIMM	OND OF PALM BEACH, INC	` *			
)			I INDIAN RINI WANA MINA IMAN IMAN IMAN	Andri dedie didie drâm didie dedee end
Principal Place		Mailing Address		g nadinin yana kandi anina bishi dalah kadi	O'SII DIBII BIDII DIBII BIBII QIDII 1001
815 N.DIXHE H		815 N.DIXIE-HWY.	M		
DAKE WORTH	V 20400	DAKE WORTH FE 93480-25	20 		
	X Thease	change o	X camblé	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		05/07/1986 4. FEI Number	05/29/1996
21 620.	S. DIXE HWY	26 620, S. S	YWH SIXIC	59-2671166	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	* 13(4-4	5. Certificate of Status Desired	\$8.75 Additional
22 City & Chart		27		Certificate of Status Desired	Fee Required
City & State	FT 1 .	City & State	A.F-LORDE	6. Election Campaign Financing	\$5.00 May Be
Zib	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24 33 4-	62. 25	29 334-62	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	glatered Agent
DRUMMOND, VIOLET M. 81 Name					
510 - 5TH TERRACE, PGA NATIONAL 82 Street Address				ress (P.O. Box Number is Not Acceptab	le)
PALM BEACH GARDENS FL 33418				· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the above-named corr	poration submits this statement for the p	FL B Zip Code
CHIGGS: OF D	egistered agent or both, in the State on familiar with, and accept the obligat	ni Florida. Such chando wae a:	ithorized by the corporat	tion's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	William William and account the conign	tons of, Section 607.6505, Flor	iua Statutes.		
	Stgriature, typed or printed name of registered agent	t and title if applicable (NOTE:	Registered Agent signature require	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD NAME AND THE	L DELETE	1.1 TITLE		Change Addition
NAME CASCLE ADSPESSE	DRUMMOND, VIOLET M. 510-5TH TERR.,PGA NATL		1.2 NAME		
STREET ADDRESS	PALM BCH.GARDENS FL		1.3 STREET ADDRESS		
CHY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DRUMMOND, ROBERT	L! DELETE	2.1 MILE 2.2 NAME		L Unange L Addition
STREET ADDRESS	510-5TH TERR.,PGA NATL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH.GARDENS FL		2 4 CITY-ST-ZIP		
Tille	ST	DELETE	3.1 TITLE		Change Addition
NAME	DRUMMOND, ROBERT		3.2 NAME	· ·	-
STREET ADDRESS	510-5TH TERR.,PGA NATL		3.3 STREET ADDRESS		
C:TY - ST - ZiP	PALM BCH.GARDENS FL		3.4. CITY-ST-ZIP		
JULLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-S1-Z0 ^o		☐ DELETE	4.4 CITY-ST-ZIP		The Charles The Later
NAME		U OELETE	5.1 TITLE	•	Change Addition
STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS	1	
TITLE		☐ DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
NAME			6.2 NAME		Light Light Figure 1

14. I do 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IDLET. DRUHMOND. 4-15-97,585-2531