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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J26471

(9)

PALM BEACH CUSTOM BUILDERS, INC.

Principal Place of Business	Mailing Address
1114 RAINTREE LANE P O BOX 63 WELLINGTON FL 33414	1114 RAINTREE LANE P O BOX 63 WELLINGTON FL 33414-8638

**FILED** Jan 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  1114 RAINTREE LANE 1114 RAINTREE LANE P O BOX 63 P O BOX 63 WELLINGTON FL 33414 WELLINGTON FL 33414-8638										
						3. Date Incorporated or Qualifie 07/28/1986		Date of Last F 3/01/1996	leport	
2. Principal Place of Susiness 2e. Mailing Address						4. FEI Number Applied For				
Suite, Apt.	# ole	26 Suite Ant Hote				59-2700216	Not Applicable			
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Hequired			
City & State					6. Election Campaign Financing \$5.00 May Be					
Zip Zip	Country	28     Zip	Coun	itrv		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30	,		Florida Statutes	Yes		1. 199.032,	
	9. Name and Address of Curren			_		10. Name and Address of New	Registered	l Agent		
	EIN, STUART B.		]*	B1	Name					
	1 FORUM PLACE TE 400-B		Ī	32	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	ST PALM BEACH FL 33401		ļ.	B3						
			ŧ	84	City			<b>85</b> Zip	Code	
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statut	les the abi		named corn	oration submits this statement for th	F		te renistored	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was	authorized	by t	the corporation	on's board of directors. I hereby ac	cept the ap	pointment as	registered	
SIGNATURE	Signalurs, typed or printed name of registered ago	and and late if bool cable. (A)O2	F. Quaintored	Account	L pranature soo use	d when reinstating)	DATE	, ,		
12.	OFFICERS AN		13.	rigoni	r asgriantire require	ADDITIONS/CHANGES TO OF		ID DIRECTOR		
TITLE	P	DELETE		1.1 TITLE				Change	Addition	
NAME	OLIVA, JUAN		1.2 NAA	1.2 NAME						
STREET ADDRESS	1114 RAINTREE LANE		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	WELLINGTON FL	DELETE	_	1.4 CITY-ST-ZIP				Change	I Addition	
TITLE NAME	REGO, ROBERTO	☐ UELETE	21 IIIL	2 1 TITLE				Change	Addition	
STREET ADDRESS	832 FLAMINGO ROAD		1		UUDBESS					
CITY-ST-ZIP	WEST PALM BEACH FL			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP						
TITLE	<b>T</b>	DELETE		3.1 TITLE				Change	Addition	
NAME	REGO, TERRY ANN		3.2 NAN	Æ	ļ				ļ	
STREET ADDRESS	832 FLAMINGO ROAD				DDRESS					
CITY-ST-ZIP TITLE	WEST PALM BEACH FL	DELETE	3.4. CIT 4.1 TITL		- ZIP			Change	Addition	
NAME	OLIVA, EMIGDIA		4.1 IIIL 4.2 NA		}			in cusude	L Addition	
STREET ADDRESS	1114 RAINTREE LANE				DDRESS					
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY							
TITLE	-	DELETE	5.1 TITL					Change	Addition	
NAME			52 NAN	ΛE						
STREET ADDRESS	•		53 STR	EET A	DDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T nei eve	5.4 C(T)		- ZIP			T 6:		
TITLE		DELETE	617111					☐ Change	Addition	
NAME STORET ADORESS			6.2 NAN		popuse					
STREET ADDRESS			۱ I		DDRESS					
CITY-ST-ZIP	L State of the sta		6.4 CIT	y - ST-	- ZIP	(a C				

codes not quality for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fuel report is true and accurate and that my signature shall have the same legal effect as if made under oath; that any supplies the employered to execute this report as required by Chapter 607, Florida Statutes; and that my name and with set address. information indicated on this annual report or supplemental act.

I am an officer or director of the corporation or the receiver or appears in Block 12 or Block 13 if changed, or on an attachine,

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