

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90148 032 \*\*\*158.75

DOCUMENT # J26471

1. Corporation Name

PALM BEACH CUSTOM BUILDERS, INC.

Principal Place of Business

1114 RAINTREE LANE  
P O BOX 63  
WELLINGTON FL 33414

Mailing Address

1114 RAINTREE LANE  
P O BOX 63  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1986

4. FEI Number

59-2700216

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 338 TALL PINES RD

2a. Mailing Address

26 338 TALL PINES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 West Palm Beach

City & State

28 West Palm Beach, R

Zip

24 33413

Country

25 USA

Zip

29 33413

Country

30 USA

9. Name and Address of Current Registered Agent

KLEIN, STUART B.  
1551 FORUM PLACE  
SUITE 400-B  
WEST PALM BEACH FL 33401

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 P ☐ DELETE

NAME OLIVA, JUAN  
STREET ADDRESS 1114 RAINTREE LANE  
CITY-ST-ZIP WELLINGTON FL

TITLE V ☐ DELETE

NAME REGO, ROBERTO  
STREET ADDRESS 832 FLAMINGO ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T ☐ DELETE

NAME REGO, TERRY ANN  
STREET ADDRESS 832 FLAMINGO ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE

NAME OLIVA, EMIGDIA  
STREET ADDRESS 1114 RAINTREE LANE  
CITY-ST-ZIP WELLINGTON FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/99

561.793.2877

Date

Daytime Phone #

0331874

CR2E034 (1/98)