

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J40810 (0)
 1. Corporation Name
PALM BEACH TAMARIN, INC.



Principal Place of Business W MENDOZA, CALLAS & SCHILLING 601 ROYAL PALM WAY, P.O. BOX 2716 PALM BEACH FL 33480-1916	Mailing Address W MENDOZA, CALLAS & SCHILLING 601 ROYAL PALM WAY, P.O. BOX 2716 PALM BEACH FL 33480-1916
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1986		4. FEI Number 59-2751997		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 90 KENT HOFFMAN, ESQ Suite, Apt. #, etc.	2a. Mailing Address 26 90 KENT HOFFMAN, ESQ Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 204 PHIPPS PLAZA City & State	27 204 PHIPPS PLAZA City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 PALM BEACH FL Zip	28 PALM BEACH FL Country	29 33480 Zip	30 USA Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MENDOZA, CALLAS & SCHILLING 261 ROYAL PALM WAY, 6TH FLOOR PALM BEACH FL 33480-1916				10. Name and Address of New Registered Agent			
81 Name KENT HOFFMAN, ESQ		82 Street Address (P.O. Box Number is Not Acceptable) 204 PHIPPS PLAZA		83			
84 City PALM BEACH FL		85 Zip Code 33480					

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]* **KENT HOFFMAN** **4/15/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE		11 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAURER, TH			12 NAME	MICHAEL STEIN PICHLER		
STREET ADDRESS	661 ROYAL PALM WAY			13 STREET ADDRESS	204 PHIPPS PLAZA		
CITY-ST-ZIP	PALM BEACH FL			14 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	AS	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINSON, DEBRA			22 NAME			
STREET ADDRESS	661 ROYAL PALM WAY			23 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH FL			24 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAURER, TH			32 NAME			
STREET ADDRESS	661 ROYAL PALM WAY			33 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			34 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE MENDOZA, MARIO G III			42 NAME			
STREET ADDRESS	661 ROYAL PALM WAY			43 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 trustee or partner or partner-in-trust or partner-in-trust named in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added.

SIGNATURE: *[Signature]* **4-15-98 601-833-5633**

CR2E034 (10/97)