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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90097 047 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **J40810**

1. Corporation Name  
**PALM BEACH TAMARIN, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>204 PHIPPS PLAZA<br/>                 251 ROYAL PALM WAY, P.O. BOX 3715<br/>                 PALM BEACH FL 33480<br/>                 US</b> | Mailing Address<br><b>204 PHIPPS PLAZA<br/>                 251 ROYAL PALM WAY, P.O. BOX 3715<br/>                 PALM BCH FL 33480<br/>                 US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |   |                                       |  |
|--|---|---|---------------------------------------|--|
| 2. Principal Place of Business<br><b>21 C/O HUFFMAN</b><br>Suite, Apt. #, etc.<br><b>22 223 SUNSET AVENUE</b><br>City & State<br><b>23 PALM BEACH, FL</b><br>Zip<br><b>24 33480</b> Country<br><b>25 USA</b> | 2a. Mailing Address<br><b>26 C/O HUFFMAN</b><br>Suite, Apt. #, etc.<br><b>27 223 SUNSET AVE</b><br>City & State<br><b>28 PALM BEACH FL</b><br>Zip<br><b>29 33480</b> Country<br><b>30 USA</b> | 3. Date Incorporated or Qualified<br><b>10/29/1986</b>  | 4. FEI Number<br><b>59-2751997</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |  |
|  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |  |
|  |   | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>HUFFMAN, K<br/>                 204 PHIPPS PLAZA<br/>                 PALM BCH FL 33480</b> | 10. Name and Address of New Registered Agent<br><b>81 Name KENT HUFFMAN</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable) 223 SUNSET AVE</b><br><b>83</b><br><b>84 City PALM BEACH FL 85 Zip Code 33480</b> |
|---|---|

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 Kent Huffman **KENT HUFFMAN** 4/7/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|---|---|
| TITLE<br><b>PSD</b>                       | NAME<br><b>STEINPICHLER, M</b>          | 1.1 TITLE<br><b>PSD</b>                               | 1.2 NAME<br><b>MICHAEL STEINPICHLER</b>     |
| STREET ADDRESS<br><b>204 PHIPPS PLAZA</b> | CITY-ST-ZIP<br><b>PALM BCH FL 33480</b> | 1.3 STREET ADDRESS<br><b>C/O HUFFMAN</b>              | 1.4 CITY-ST-ZIP<br><b>223 SUNSET AVENUE</b> |
| TITLE<br><input type="checkbox"/> DELETE  | NAME                                    | 2.1 TITLE<br><b>PALM BEACH, FL</b>                    | 2.2 NAME<br><b>33480</b>                    |
| STREET ADDRESS                            | CITY-ST-ZIP                             | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP                             |
| TITLE<br><input type="checkbox"/> DELETE  | NAME                                    | 3.1 TITLE   | 3.2 NAME                                    |
| STREET ADDRESS                            | CITY-ST-ZIP                             | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP                             |
| TITLE<br><input type="checkbox"/> DELETE  | NAME                                    | 4.1 TITLE   | 4.2 NAME                                    |
| STREET ADDRESS                            | CITY-ST-ZIP                             | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP                             |
| TITLE<br><input type="checkbox"/> DELETE  | NAME                                    | 5.1 TITLE   | 5.2 NAME                                    |
| STREET ADDRESS                            | CITY-ST-ZIP                             | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP                             |
| TITLE<br><input type="checkbox"/> DELETE  | NAME                                    | 6.1 TITLE   | 6.2 NAME                                    |
| STREET ADDRESS                            | CITY-ST-ZIP                             | 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] **SIGNATURE REQUIRED** 4/7/99 561-833-5833  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)