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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54442

(5)

PALM BEACH ROAMER, INC.

FILED Jun 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address										
SUITE 909	TARR BLYD	1400 CENTREPARK BLVD SUITE 909								
WEST PALM E	BCH FL 33401	WEST PALM BCH FL 334	401-7490							
						3. Date Incorporated or Qualified 01/26/1987		Date of Last 1/20/1996		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-2794399 Not Applicable			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27				6. Certificate of Status Desired		Fee F	Periupe	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be			May Be	
23		28				Trust Fund Contribution		Addec	d to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			s. 199.032,	
24	25	29	30				_	☐ No		
5.40	9. Name and Address of Curre	nt Registered Agent		81 N		10. Name and Address of New Re	gistered	Agent		
Bailey, Esq., F. Lee					ame					
	O CENTREPARK BLVD		ŀ	82 S	Street Address (P.O. Box Number is Not Acceptable)					
	TE 909						·			
ļ W P	PALM BCH FL 33408			83						
			•	84 C	ity		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508 Florida State	ites the at	10/6-03	med corpo	ration submite this statement for the r			ite registered	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was pations of, Section 607,0505, F	authorized lorida Stat	by the	corporatio	ration submits this statement for the parties board of directors. I hereby accept	ot the ap	pointment a	s registered	
SIGNATURE	Signature, typed or printed name of registered ag-	and and title it employable 200	Th. Conjetures	l Ament 6		when reinstaling)	DATE			
12.		ID DIRECTORS	13.	Agen s	griature requireo	ADDITIONS/CHANGES TO OFFICE		D DIRECTO	BS IN 12	
TITLE	D	DELETE	1.1 Til	ıF		7100711070711117020 70 07170	2010744	Change		
NAME	BAILEY, ESQ., F. LEE		1.2 NA							
STREET ADDRESS	1400 CENTREPARK BLVD			REET ADD	RESC			•		
CITY-ST-ZIP	W PALM BCH FL			Y-ST-ZH	1					
TITLE	D	DELETE	2.1 111					Change	Addition	
NAME	BAILEY, SCOTT F		2 2 NA		1					
STREET ADDRESS	1400 CENTREPARK BLVD			REET ADD	RESS					
CITY-ST-ZIP	WEST. PAL BEACH FL			TY - \$1 - Z i						
TITLE		DELETE	3.1 ЛЛ		'			Change	Addition	
NAME		1 V	3.2 NA							
STREET ADDRESS			i i	REET ADD	ness					
CITY-ST-ZIP				14-81- <i>7</i> 1						
TITLE		DELETE	4.1 111					Change	Addition	
NAME		<u> </u>	4. 2 N/		İ					
STREET ADDRESS				REET ADD	RESS					
CITY-ST-ZIP			1	Y-ST-21						
TITLE		DELETE	DELETE \$.170					Change	Addition	
NAME			5.2 NA		<u> </u>					
STREET ADDRESS				reft add	HF22					
CITY-ST-ZIP TITLE		☐ DELETE	61 Til	Y-ST-ZII				Change	Addition	
NAME			6.2 NA					ondinge	- ADDITION	
			1		prec					
STREET ADDRESS	:			REET ADD						
CITY-ST-ZIP			6.4 CI	Y - ST - ZII	<u>'</u>					

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 increasing proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or an attannment with an address.

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