SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

PAULETTE KOCH REAL ESTATE, INC.

FILED
Jul 21 1998 8:00am
Secretary of State

|--|

Principal Place	e of Business	Mailing Address				
328 ROYAL POINCIANA PLAZA		306 ROYAL POINCIANA PLAZA				
PALM BEACH F	EL 33480	PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE	
US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					06/25/1987 4. FEI Number Applied For	
	lace of Business	2a. Mailing Address 26 328 Royal Poinciana				
21	11	Suite, Apt. #, etc. Plaza			59-2822959 Not Applicable	
Suite, Apt. #, etc.				rluca	5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & State		City & State		·····		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				
	25	· · · · · · · · · · · · · · · · · ·	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 29 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
KOCH, PAULETTE						
	ROYAL P-OINCIANA PLAZA		82 Street Addr		ess (P.O. Box Number is Not Acceptable)	
PALI	M BEACH FL 33480		83			
			03			
			84	City	85 Zip Code	
					FL ' ' ' ' '	
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 agen	t and title it applicable (NO	TF: Registered A	oeni sioneture regu	ulred when reinstating) DATE	
12.		D DIRECTORS	13.	gon ognoso rode	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	1.1 TITLE		Change Addition	
NAME	KOCH, PAULETTE	L) OLICE IL	1.2 NAME		Current Control of the Control of th	
STREET ADDRESS	THE STATE OF THE S		1.3 STREET ADDRESS			
CITY-ST-ZIP	DAIL DELOUIE		1.4 CITY-ST-ZIP			
TITLE			2.1 TITL€	132"	Change Addition	
NAME		[] OECE 1E	2.2 NAME		Charge Addition	
1			2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	Doc. eve		3.1 TITLE		Change Addition	
1	- Detert				Change C Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE			4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	I-ZIP		
TITLE			5.1 TITLE		Change Addition	
NAME			5.2 NAME		000002596850°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	
STREET ADDRESS			5.3 STREE	i	-07/25/5601065005	
CITY-ST-ZIP			5.4 CITY-S	I-ZIP	***150.00	
TITLE			6.1 TITLE		ohagge / Addition	
NAME	:		6.2 NAME		' ' ' ' ' ' '	
STREET ADDRESS .			6.3 STREET ADDRESS		\ VL	
CITY-ST-ZIP			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.						