## 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 # J79943

(3)

PREMIER PROPERTIES OF PALM BEACH, INC.

## **FILED** Apr 30 1997 8:00am Secretary of State



| Principal Place of Business  110 E. BOCA RATON RD. BOCA RATON FL \$3432 |  | Mailing Address                                   |                  |            |                    | r egg 1419 Mott embill tilling omter dinne Jeil mildet Binet dofett Bints millst åtlist came |                    |             |                       |
|---|--|---|------------------|------------|--------------------|--|--------------------|-------------|-----------------------|
|   |  | 110 E. BOCA RATON RD.<br>BOCA RATON FL 33432-3912 |                  |            |                    |  |                    |             |                       |
| OUN MINOR   |  |   |                  |            |                    |  |                    |             |                       |
|   |  |   |                  |            |                    | 3. Date Incorporated or Qualified 06/26/1987   | 3a. Date of 05/01/ |             | leport                |
| 2. Principal Pl   | ace of Business                                    | 2a. Mailing Address                               |                  |            |                    | 4, FE! Number  |                    |             | oplied For            |
| Sulte, Apt.   | # 010  | 26 Suite Ant 4 etc                                |                  |            |                    | 59-2907827   |                    |             | ot Applicable         |
| Suite, Apt  | #, <del>U</del> (C.                                | Suite, Apt. #, otc.                               |                  |            |                    | <ol><li>Certificate of Status Desired</li></ol>  | □ <b>&gt;</b>      |             | Additional<br>equired |
| City & State  | 9  | City & State                                      |                  |            |                    | 6. Election Campaign Financing   |                    |             | May Be                |
| 23  |  | 28  |                  |            |                    | Trust Fund Contribution  |                    |             | to Fees               |
| Zip   | Country  | Zip   |                  | ountry     | ,                  | 8. This corporation has liability for  | nlangible tax      | under s     | 199.032,              |
| 24  | 25   | 29  | 30               |            |                    |  | Yes 🖭 N            |             |                       |
|   | 9. Name and Address of Curren                      | t Registered Agent                                |                  |            |                    | 10. Name and Address of New Re   | gistered Ager      | ıŧ          |                       |
|   | BY, JOY A.   |   |                  | 81         | Name               |  |                    |             |                       |
|   | E. BOCA RATON RD.                                  |   | 82 Street Add    |            |                    | ddress (P.O. Box Number is Not Acceptable)   |                    |             |                       |
| BOC   | CA RATON FL 33432                                  |   |                  | 83         | <del> </del>       |  |                    |             |                       |
|   |  |   |                  | 0.3        | ļ                  |  |                    |             |                       |
|   |  |   |                  | 84         | City               |  | FL 85              | <b>Z</b> ip | Code                  |
| 44 Dureuant t   | to the provisions of Sections 607 050              | 2 and 607 1508. Flori                             | da Statutos, the | ) above    | o.namod cor        | povetion submits this statement for the r  | 1                  | naina i     | le registered         |
| office or re  | egistered agent, or both, in the State             | of Florida. Such char                             | nge was authori  | zed b      | the corpora        | poration submits this statement for the pation's board of directors. I hereby accep          | of the appointr    | nent as     | registered            |
| •   | m familiar with, and accept the obliga             | ations of, Section 607                            | .0505, Fiorida S | itatute    | 5.                 |  |                    |             |                       |
| SIGNATURE   | Signature, typed or printed name of registered age | nt and little if applicable.                      | (NOTE Regist     | lered Age  | ent signature requ | ired when re-installing)   | DATE               |             |                       |
| 12.   | OFFICERS ANI                                       |   | 1                | 3.         |                    | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIF        | ECTO        | RS IN 12              |
| TITLE   | PDS  |   | ELETE 1.         | 1 TITLE    |                    |  |                    | Change      | ☐ Addition            |
| NAME  | SELBY, JOY A.                                      |   | 1.               | 2 NAME     |                    |  |                    |             |                       |
| STREET ADDRESS  | 110 E BOCA RATON ROAD                              |   | 1.3 \$           |            | ADDRESS            |  |                    |             |                       |
| CITY-ST-ZIP   | BOCA RATON FL                                      |   |                  | 4 CITY - 5 | ST- ZIP            |  | <del></del>        | Ohanaa      | Addition              |
| TITLE   | SELBY, JOY A.                                      | ں ت   |                  | 1 TO LE    |                    |  | لسا                | Change      | ☐ Addition            |
| NAME  | 110 E BOCA RATON RD                                |   |                  | 2 NAME     | 4000E00            |  |                    |             |                       |
| STREET ADDRESS CITY-ST-ZIP  | BOCA RATON FL                                      |   |                  | 4 CITY     | ADDRESS            | *5   |                    |             |                       |
| TITLE   |  |   |                  | 1 TITLE    | 51-ZIF             |  |                    | Change      | Addition              |
| NAME  |  | -   |                  | 2 NAME     |                    |  | _                  | •           | j                     |
| STREET ADDRESS  |  |   |                  |            | ADDRESS .          |  |                    |             | .                     |
| CITY-ST-ZIP   |  |   |                  | 4. CITY-   | ł                  |  |                    |             |                       |
| TITLE   |  | D   |                  | 1 TITLE    |                    |  |                    | Change      | ☐ Addition            |
| NAME  |  |   | 4.               | 2 NAME     |                    |  |                    |             |                       |
| STREET ADDRESS  |  |   | 4.               | 3 STRECT   | ADDRESS            |  |                    |             |                       |
| CITY-ST-ZIP   |  |   |                  | 4 CITY - S | ST-ZIP             |  | ·····              |             |                       |
| TITLE   |  | [_] D   | 1                | 1 TITLE    | -                  |  |                    | Change      | ☐ Addition            |
| NAME  |  |   |                  | 2 NAME     |                    |  |                    |             |                       |
| STREET ADDRESS  |  |   |                  |            | ADDRESS            |  |                    |             |                       |
| CITY-ST-ZIP   |  |   |                  | 4 CITY-5   | ST-ZIP             |  |                    | Change      | Addition              |
| TITLE   |  | LIU   | 1                | 1 TITLE    | İ                  |  |                    | опануе      | L AUUNION             |
| NAME<br>OTOGET ADODESCE   |  |   |                  | 2 NAME     | I ADDDEGO          |  |                    |             |                       |
| STREET ADDRESS  |  |   |                  |            | ADDRESS            |  |                    |             |                       |
| CITY-ST-ZIP   |  |   | 6.               | 4 CHY-5    | 51-7IP             |  |                    |             |                       |

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 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.