

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K01359 (4)

1. Corporation Name

PALM BEACH CHAUFFEUR SERVICE, INC.

1995 JUL 27 11:10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MARY BEERMANN
105 GEMINOLE AVE
PALM BEACH FL 33480
US

C/O MARY BEERMANN
105 GEMINOLE AVE
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/06/1987

3a. Date of Last Report
07/06/1994

4. FEI Number
65-0075617

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. (For tax purposes only)
Treated as a Corporation

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8475 E. GARDEN OAKS
Suite, Apt. #, etc. CIRCLE

26 8475 E. GARDEN OAKS
Suite, Apt. #, etc. CIRCLE

23 PALM BEACH GARDENS,
City & State FL

28 PALM BEACH GARDENS
City & State FL

24 33410
Zip Country US FL

29 33410
Zip Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEERMANN, MARY
105 GEMINOLE AVE
PALM BEACH FL 33480

81 Name ROBERT W. SLATER
82 Street Address (P.O. Box Number is Not Acceptable)
214 BRAZILIAN AVE. # 221
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 607.0503, Florida Statutes.

SIGNATURE

Robert W. Slater

7-6-95

(Signature must be printed name of registered agent and title of registered agent)

(Signature must be printed name of registered agent and title of registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

11 TITLE PD
12 NAME BEERMANN, EDWARD
13 STREET ADDRESS 105 GEMINOLE AVE
14 CITY, ST, ZIP PALM BEACH FL

11 TITLE D P
12 NAME EDWARD BEERMANN
13 STREET ADDRESS 8475 E. GARDEN OAKS CIRCLE
14 CITY, ST, ZIP PALM BEACH GARDENS, FL 33410

11 TITLE S
12 NAME BEERMANN
13 STREET ADDRESS 105 GEMINOLE AVE
14 CITY, ST, ZIP PALM BEACH FL

11 TITLE S
12 NAME MARY BEERMANN
13 STREET ADDRESS 8475 E. GARDEN OAKS CIRCLE
14 CITY, ST, ZIP PALM BEACH GARDENS, FL 33410

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Edward C. Beermann EDWARD C. BEERMANN

7/6/95

1407-932-1858

(Signature and typed name of signing officer or director)

(Date)

(Typed Name)