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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K01359

(4)

FILED						
Apr 29 1998 8:00am						
Secretary of State						

PALM I	BEACH CHAUFFEUR SERVI	CE, INC.				
Principal Place of Business Mailing Address				1 (ABIDI)) BI) BEIET 1194E (VIA) BI(IN IB)	II BEDEF DIDIH DIDIN SHDIN DISIK DIDAH IDEN	
	DEN OAKS CIRCLE I GARDENS FL 33410	C/O MARY BEERMANN 8475 E GARDEN OAKS C PAIM BEACH GARDENS		DO NOT WRITE IN THIS SPACE		
		US		<ol> <li>Date Incorporated or Qualified</li> <li>11/06/1987</li> </ol>		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0075617	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 27		27		Certificate of Status Desired	Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζip	Country	8. This corporation owes or has pai		
	y name and stocked or curren		30	Personal Property Tax due June  10. Name and Address of New Reg		
SL	ATER, ROBERT W		81 Name	10. 110110		
	BRAZILIAN AVE STE 221	(0.0. p				
	LM BEACH FL 33480		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le) 	
			83			
			84 City		lest 25 Octo	
					FL 85 Zip Code	
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.						
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	rida Statutes.	ion's board of directors. I nereby accep	t the appointment as registered	
SIGNATURE						
	Signature, typed or proted name of registered ager		Registered Agent signature requir		DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
NAME	BEERMANN, EDWARD		1.1 TITLE 1.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS 8475 E GARDEN OAKS CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	P BEACH GARDENS FL	-	1.4 CITY-ST-ZIP			
TITLE	\$	DELETE	2.1 TITLE		Change Addition	
NAME	BEERMANN, MARY		2.2 NAME			
STREET ADDRESS	8475 E GARDEN OAKS CIRCI	Æ	2.3 STREET ADORESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	31 TITLE	-	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City-St-ZiP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		į	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		Doctor	4.4 CITY - ST - ZIP			
TITLE NAME		☐ DELETE	5.1 TITLE		Change Addition	
STREET ADDRESS			5.2 NAME			
			5 3 STREET ADDRESS		į	
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
NAME		_ occur	6.2 NAME		C Openide (T) Writing	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.5 STREET ADDRESS			

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 composition on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

SIGNATURE:

Leaman

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4/21/98 9194

CR2E034 (10/97)