

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K41199** (6)
1. Corporation Name
PALM BEACH EQUITIES, CORP.

Principal Place of Business
**% CHARLES M. JACOBSON
3 OCEAN LANE
PALM BEACH FL 33480**

Mailing Address
**% CHARLES M. JACOBSON
3 OCEAN LANE
PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1988	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	Country	28. Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACOBSON, CHARLES M.
3 OCEAN LANE
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name **Charles M Jacobson**
82. Street Address (P.O. Box Number is Not Acceptable)
2660 S. Ocean Blvd
83. **Palm Beach**
84. City **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 607.0505, Florida Statutes.

SIGNATURE

only a change of address

(Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, CHARLES M.		1.2 NAME		
STREET ADDRESS	3 OCEAN LANE		1.3 STREET ADDRESS	2660 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	Palm Beach Fla 33480	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, NAOMI L.		2.2 NAME		
STREET ADDRESS	3 OCEAN LANE		2.3 STREET ADDRESS	2660 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	Palm Beach FLA 33480	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, ANDREW M.		3.2 NAME		
STREET ADDRESS	3 OCEAN LANE WAY		3.3 STREET ADDRESS	2660 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	Palm Beach FLA 33480	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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.

SIGNATURE:

Charles M Jacobson **2660 S. Ocean Blvd**
540-5385

CR2E034 (10/97)