

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41199 (6)

1. Corporation Name

Palm Beach Equities Corp

Principal Place of Business

c/o Charles Jacobson
2500 S. Ocean Blvd
Palm Beach Fla 33480

Mailing Address

c/o Charles M Jacobson
2500 S. Ocean Blvd
Palm Beach Fla 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1988

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

X

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes [] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Jacobson Charles M
2500 S. Ocean Blvd
Palm Beach Fla 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	[] DELETE
NAME	Jacobson Charles M	
STREET ADDRESS	2500 S. Ocean Blvd	
CITY-ST-ZIP	Palm Beach Fla 33480	
TITLE	D Jacobson Naomi L	[] DELETE
NAME	2500 S. Ocean Blvd	
STREET ADDRESS	Palm Beach Fla 33480	
CITY-ST-ZIP		
TITLE	V Jacobson Andrew M	[] DELETE
NAME	712 U.S Highway 1	
STREET ADDRESS	N. Palm Beach Fla 33408	
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****155.00 ****155.00

[] Change [] Addition

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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, with all other like empowered.

SIGNATURE:

Charles M Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999

561-540-5385

CR2E034 (11/98)