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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

K49639

(3)

CHARLES C. CHILLINGWORTH P. A.

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FILED

May 19 1998 8:00am

Secretary of State

cipal Place of Business	Mailing Address	THE STATE OF THE S	

Principal Place	e of Businoss	Maining Address			-			
2000 PALM BEACH LAKES BLVD. SUITE 800 W PALM BACH FL 33409		2090 PALM BEACH LAKES BLVD. SUITE 800 W PALM BACH FL 33409						
TI I ALM DAG	HII E PATA	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			DO NOT WRIT	E IN THIS SPAC	JE	
					3. Date Incorporated or Qualified			
					12/01/1988			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0093549		N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				λ=. \$	8.75	Additional
22		27			5. Certificate of Status Desired	Ø 3		lequired
City & State	9	City & State			6. Election Campaign Financing		\$K በበ	May Be
23		28			Trust Fund Contribution	· 🗂 '		to Fees
Zip	Country	Zip	Country	/	B. This corporation owes or has p	aid the current		
	}—₁ '	- -		,	Personal Property Tax due Jun			Taligible
24	25 Name and Address of Currel	29	30		10. Name and Address of New R			***
		it negistered Agent	81	Name	10, realite and records of from the	og.c.c.ca r.go		
	IIL LI NGWORTH, CHARLES C.		•,	T Tarrio				
209	90 PALM BEACH LAKES BLVD.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
SU	ITE 800							
W	PALM BEACH FL FL 33409		83					
,,	•		84	City		8	5 Zin	Code
				'	poration submits this statement for the ation's board of directors. I hereby according		} `	
SIGNATURE	Signalure, typed or profiled name of registered ag	cut and teld if applicable (I	NOTE Registered Ag	ent signature requ	uired when reinstaling)	DATE		
12.	OLLICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12
TITLE	PD	DELETE	1.1 THILE				Change	Addition
NAME	CHILLINGWORTH, CHARLES	C	1.2 NAME					
STREET ADDRESS	2090 PALM BEACH LAKES I	BLVD, SUITE 800	1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	W PALM BACH FL 33409		1.4 CITY-	ST-7IP				
TITLE	8	DELETE	2.1 TITLE	·			Change	Addition
NAME	FEKETE, HELEN K.		2.2 NAME					
STREET ADDRESS	2090 PALM BEACH LAKES I	RIVO SHITE 800		T ADDRESS				
	W PALM BACH FL 33409	DE1D1 0011E 000						
CITY-ST-ZIP	VPD	DELETE	2. 4 CITY - 3.1 TITLE	31-ZIP			Change	Addition
TITLE		☐ DECE IE				L	Sharigo	
NAME	JEANNE O. CONWAY	DIAN CHITE OAA	3.2 NAME					
STREET ADDRESS	2090 PALM BEACH LAKES I	DLVU, SUITE BUU		1 ADDRESS				
C/TY-ST-ZIP	W PALM BACH FL 33409		3.4. CITY -	S1-ZIP			Chanci	1 14/200-
TITLE	T	☐ DELETE	4.1 TITLE			L	Change	Addition Addition
NAME	KIM T. HARMON		4. 2 NAME					
STREET ADDRESS	2090 PALM BEACH LAKES I	BLVD, SUITE 800	4.3 STREE	I ADDRESS				
CITY-ST-ZIP	W PALM BACH FL 33409		4.4 CITY-	ST · ZIP				
TITLE		☐ DELETE	51 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP			5 4 CITY-	į.				
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
				1 ADDRESS				
STREET ADDRESS					. ·			
CITY-ST-ZIP			6.4 CITY-	S1-7iP	o Continue 27(2)(i) Florido Clatutos	I further cortifu	that th	o information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in \$2.7(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate a state 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 changes, or on an attachment with an address.

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