

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K52567** (0)

1. Corporation Name

**LUXURY IMPORTS OF PALM BEACH, INC.**



Principal Place of Business

**2345 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409**

Mailing Address

**2345 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 U.S.

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified  
**12/20/1988**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0117728**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

10. Name and Address of New Registered Agent

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 retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
CUILLO, ROBERT S.  
2301 OKEECHOBEE BLVD.  
W. PALM BEACH FL**

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SCHLACKS, STEVEN  
2345 OKEECHOBEE BLVD.  
W. PALM BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CUILLO, DORTHEA  
2301 OKEECHOBEE BLVD  
W. PALM BCH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**33409**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**T  
Hotary, Michael**

**2345 Okeechobee Blvd.**

**West Palm Beach, FL 33409**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**V**

**2345 Okeechobee Blvd.**

**West Palm Beach, FL 33409**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**V/AS**

**Cuillo, Robert A.**

**2345 Okeechobee Blvd.**

**West Palm Beach, FL 33409**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Michael Hotary* *Michael Hotary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-96*  
Date

*(407) 478-3809*  
Daytime Phone #

CR2E034 (12/95)