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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K67432

PALM BEACH CONSULTANTS, INC.

(0)

FILED Feb 11 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	n i Bandzir den deten densk densk finde inne dente state kener bedet deste den
C/O JOHN J. DOOLEY 20783 SONRISA WAY	C/O JOHN J. DOOLEY 20783 SONRIŠA WAY	

20783 SONRISA WAY BOCA RATON FL 33433			20783 SONRISA WAY BOCA RATON FL 33433-1705							
						02/22/1989 04/15/			of Last Report /1996	
2. Principal Place of Business		2a. Mailing	2a. Mailing Address			4. FEI Number		Applied For		
21		26							t Applicable	
Suite, Ap	t. #, elc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & Sta	ate	City & 28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
<i>Z</i> ip 24	Country 25	7 Zip 29		Country 30		This corporation has liability for in Florida Statutes	ntangible ta Yes 🌠		199.032,	
	g, Name and Addre	ss of Current Registered A	gent			10. Name and Address of New Re	gistered Ag	ent		
DC	OOLEY, JOHN J.			81	Name					
	783 SONRISA WAY			82	Street Ade	dress (P.O. Box Number is Not Acceptab	(a)			
	CA RATON FL			02	Otteet wor	uress (F.O. box Nomber is Not Acceptab	110)			
				83						
				0.0	01				O - et -	
				64	City		FL	85 Zip i	Code	
office or	registered agent, or both	ions 607.0502 and 607.1508 , in the State of Florida. Suc ept the obligations of, Section	h change was a	authorized by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of ch of the appoin	anging it tment as	s registered registered	
SIGNATURE	# 7 *** * 17 * 15 * 1		· · · · · · · · · · · · · · · · · · ·					··· · · · · · · · · · · · · · · · · ·		
		of registered agent and title if applical	ble. (NOTI		ent signature requ	uired when reinstating)	DATE	(050705		
12.	<u> </u>	FFICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12 Addition	
TITLE	L =		□ DELETE	1.1 THTLE	1		L.,	1 CHAINE	MODITION	
NAME	DOOLEY, JOHN J. 20783 SONRISA W	IAV		1.2 NAME						
STREET ADDRESS	BOCA RATON FL	MI		1.3 STREET						
CITY - ST - ZIP	DUCA RATUR FL		DELETE	1.4 CITY-5	T-ZIP			10	Addition	
TITLE			DELETE	21 TITLE	1		L	Change	LJ ADDIIION	
NAME				22 NAME						
STREET ADDRESS	5			23 STREET	ADDRESS					
CITY - S1 - ZIP	<u> </u>		TT 25.225	2 4 DITY-	ST-ZIP		1.75	T 2	To the state of	
TITLE			DELETE	31 TITLE			L] Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS	6			3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY -	ST-ZIP		·····	T =		
TITLE			☐ DELETE	4.1 TITLE			L	Change	Addition	
NAME				4. 2 NAME		•				
STREET ADDRESS	6			4.3 STREET	ADDRESS					
CITY-ST-ZIF				4.4 CETY-5	ST-ZIP					
TITLE			☐ DELETE	5.1 TITLE			L] Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS	5 (5.3 STAEET	ADDRESS	,				
CITY-ST-ZIP				5.4 CITY - :	ST-21P					
TITLE			DELETE	6.1 THTLE			L	Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS	s (6.3 STREE	ADDRESS					
0.72 07 70	1			0.4.00704.6						

14. I do 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:

ATIME AND TYPED OR PRINTED NAME OF SIGN

OTHER WOHN J. Dooley

2/4/97

561-483-7586