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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L20462 1. Corporation Name

GIORGIO OF PALM BEACH, INC.

Principal Place	e of Business	Mailing Address							
1 SOUTH COU	NTY RD.	1 SOUTH COUNTY RD.							
PALM BEACH F	L 33480	PALM BEACH FL 33480			DO NOT	WRITE IN THE	, CDACE		
							SAACE		٦
					3. Date incorporated or Qua	anied		. .	
					10/02/1989 4. FEI Number			aliad Car	4
2. Principal P	lace of Business	2a. Mailing Address			"·			oplied For	-
21		26			65-0153719			ot Applicable	- }
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desir	red 🔲		Additional equired	
2		27							+
City & State	e	City & State			6. Election Campaign Finar	icing 🗆	•	May Be	
23		28			Trust Fund Contribution			to Fees	┥
Zip	Country	Zip	Cour	ntry	8. This corporation owes the	e current year Ir	itangible ⊠ Yes	□No	-
4	25	29	30	<u> </u>	Personal Property Tax.	D!-t			4
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of I	vew Registered	Agent		
CHV	DOLIBIM GEODGE E			Name					
SHAROUBIM, GEORGE F. 1285 GATOR TRAIL			Ī	82 Street Address (P.O. Box Number is Not Acceptable)					
			ļ			1 2 2 2 2 2 2	<u>a e la la calaca</u>	2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
WE9	T PALM BEACH FL 33409			83		11			
			-	84 City	- 193 (Lan	* * * * * * * * * * * * * * * * * * * *	** 85 Zip	Code	
				- 7		FI	_ ` `		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statut	es, the ab	ove-named cor	rporation submits this statement for	or the purpose of	f changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such Change was a	utnonzeu rida Statu	by the corpora	mon's board of directors. Thereby	accept the appt		giotoroa	
		idona di, decdon don occo, i ic	ilua Statu	tes.					
-	III tallinal Mari, and accept the conge	aions or, decision our loss, inc	ilua Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered ages				ired when reinstating)	DATE			
-	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	: Registered :	Agent signature requi	'ADDITIONS/CHANGES T				
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered	Agent signature requi			ND DIRECTO	ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	: Registered :	Agent signature requi	'ADDITIONS/CHANGES T				
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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.

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90063 008 ***150.00