

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L83733

(0)

1. Corporation Name

SEARCH INCORPORATED OF PALM BEACH

Principal Place of Business

2883 CALAIS DR
PALM BEACH GARDENS FL 33410-8272

Mailing Address

2883 CALAIS DR
PALM BEACH GARDENS FL 33410-8272

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 164 SE TURTLE CREEK DR

2a. Mailing Address

26 164 SE TURTLE CREEK DR

4. FEI Number

38-2008134

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 TEQUESTA FL

City & State

28 TEQUESTA FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33469

25 MARTIN

29 33469

30 MARTIN

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

9. Name and Address of Current Registered Agent

PAUTSCH, ROBERT V.
2883 CALAIS DR
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83 164 SE TURTLE CREEK DR

84 City

TEQUESTA

85 State

FL

86 Zip Code

33469

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAUTSCH, ROBERT V.
STREET ADDRESS	2883 CALAIS DR
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	S
NAME	PAUTSCH, MARJORIE, R
STREET ADDRESS	2883 CALAIS DR
CITY - ST - ZIP	PALM BCH GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	164 SE TURTLE CREEK DR
1.4 CITY - ST - ZIP	TEQUESTA FL 33469
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	164 SE TURTLE CREEK DR
2.4 CITY - ST - ZIP	TEQUESTA FL 33469
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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:

Robert V. Pautsch

ROBERT V. PAUTSCH

4/27/95 (407) 746-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type or Print Name)