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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M01321

(2)

REAL ESTATE INVESTMENTS OF THE PALM BEACHES, INC

Principal Place of Business

1161 SW 21ST AVE BOCA RATON FL 33486 Mailing Address

1161 SW 21ST AVE BOCA RATON FL 33486-8583

FILED Jan 30 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 06/05/1984	3a. Date of Last Report 05/01/1996
2. Principal Place of Bus-ness	2a. Mailing Address	4 0	4. FEI Number	Applied For
21 1161 S. W. ZIST CHR	26 161 5. W. 21	sh Hre	59-2463654	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Raton FL	City & State 28 Beca Rate	, Fh.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 3 37-86 25 (1.5.4)	Zip	Country 30 W.S.R	8. This corporation has liability for i	· · · · · · · · · · · · · · · · · · ·
9. Name and Address of Curre			10. Name and Address of New Re	
udwin, dennis		81 Name		
1161 SW 21ST AVE	82 Street Address (P.O. Bax Number of Not Acceptable)			
BOCA RATON FL 33486				
	83	14/14		
		84 City		85 Zip Code
		City		FL S Z COOP
office or registered agent, or both, in the State agent. Lam familiar with, and accept the oblig SIGNATURE		ida Statutes. Registered Agent signature req		DATE
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
THLE DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME UDWIN, DENNIS		1.2 NAME		
STREET ADDRESS 701 BRINY AVENUE		1.3 STREET ADDRESS		
CITY+ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME LOUSTEN, NIELS		2.2 NAME	\.(-	
STREET ADDRESS 701 BRINY AVENUE		2.3 STREET ADDRESS	į	
CITY-ST-ZIP POMPANO BCH. FL	T on the	2. 4 CiTY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME OTOGET AND DESCRIPTION		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Change Addition
NAME	E DECEN	4. 2 NAME		Judge nouncil
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
THTLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
SIREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-7IP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP		6.4 CITY-ST-ZIP		

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 organ attailment with an address.

SIGNATURE:

ATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECT

NIMEN

1/17/97 (36) 133-0544