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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M16734 (9)
1. Corporation Name
GOODWIN PROPERTIES OF PALM BEACH, INC.



Principal Place of Business
333 W CAMINO GARDENS BLVD. STE 102 PL 3
BOCA RATON FL 33432

Mailing Address
236 1/2 AUSTRALIAN AVENUE
PALM BEACH FL 33480-4626
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 171 S. COUNTY RD
27 Suite, Apt. #, etc.
28 PALM BEACH
29 City & State
30 FL
31 Zip
32 33480
33 Country
34 PALM BEACH

3. Date Incorporated or Qualified
06/13/1985

3a. Date of Last Report
03/26/1996

4. FEI Number
59-2546222

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

9. Name and Address of Current Registered Agent

GOODWIN, MINOLA
289 KEY PALM ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 171 South County Road
84 City
85 PALM BEACH
86 FL
87 Zip Code
88 33480

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	GOODWIN, MINOLA I.	236 1/2 AUSTRALIAN AVENUE	PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
		171 SOUTH COUNTY ROAD	PALM BEACH FL 33480																				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.03(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
Minola Goodwin 4/26/97 161-832-4161

CR2E034 (9/96)