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

PROFIT **CORPORATION** ANNUAL REPORT

1997

Principal Place of Business

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

NAME



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M38168 1400 PALM PLAZA, INC.

(4)

Mailing Address

FILED Apr 16 1997 8:00am Secretary of State

Change

Addition

415 6 FEDERAL HWY C/O ADMIN CORP. P.O BOX 247 DANIA FL 33004		PC	415 S FEDERAL HWY C/O ADMIN CORP. P O BOX 247 Dania Fl 33004-0247							
							3. Date Incorporated or Qualified 09/11/1986		a. Date of Last Report 04/12/1996	
2. Principal F	Piace of Business	2a.	Mailing Address				4. FEI Number		Applied For	
1							59-2760144 Not Applicable			
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
City & State			City & State				6. Election Campaign Financing	\$!	5.00 May Be	
3							Trust Fund Contribution	□ A	dded to Fees	
Ζφ	Country		Zip		untry	′	8. This corporation has liability for intangible tax under s. 199.032,			
4	25 29 30 30 9. Name and Address of Current Registered Agent		30	Florida Statutes						
1.00		irrent Hegis	tered Agent		81	Name	10. Name and Address of New He	gisterea Agent		
	MAN, RICHARD S.				"	IName				
FOUNTAIN SQ STE 270 2600 N MILITARY TRL					82	Street Add	Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431			В3							
(2017年) 1817年 - 1917年 -					84	City		FL 85	Zip Code	
11 Pursuant	to the provisions of Sections 607	0502 and 60	07 1508 Florida Statu	tes the a	boye	L	rogation submits this statement for the n		ning its registered	
office or	egistered agent, or both, in the	State of Floric	la. Such change was	authorizo	d by	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointme	ent as registered	
-	m familiar with, and accept the c	obligations of	, Section 607.0505, Fi	idrida Sta	tutes	S.			l	
BIGNATURE	Signature, typed or printed name of registers	nd agent and fille	d applicable (NOI	H Bogistere	d Ane	ent signature mod	uired when reinsteting)	DATE		
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PSD	L	DELETE	1.1 71	nte			Ch	ange Addition	
MAME			1.21			l			Į	
STREET ADDRESS						ADDRESS				
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TITLE			DELFTE	2.1 1	ILE			☐ CF	ange 🔲 Addition	
NAME				2.2 N	AME	ļ			Į	
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C/TY-ST-ZIP				2 4 0	11Y-S	S1 - ZIP	·			
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NAME				3.2 N	AME	({	
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				3 4. 0	TY-S	SI - 7IP)	
TITLE			DELETE	4.1 7	HE			Ch	ange 🔲 Addition	
NAME				4.2 N	MMÍ	ĺ			ļ	
STREET ADDRESS				4.3 S1	TREET	ADDRESS			ľ	
CITY-ST-ZIP			<u> </u>	4.4 CI	11Y-S	T-21P				
TITLE			DELFTE	5111	TLF			Ch	ange 🔲 Addilion	
Aguar				6.01					J	

5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

4. 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 eath; that it is 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 Johanged, or only not at achieves.

Mulia Sphaesky 3/3/197

DELETE