

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M86351** (7)
1. Corporation Name
PALM BEACH PROPERTY MANAGEMENT, INCORPORATED



Principal Place of Business
**2200 N FEDERAL HIGHWAY
SUITE 212
BOCA RATON FL 33431
US**

Mailing Address
**2200 N FEDERAL HWY
SUITE 212
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified
06/21/1988

3a. Date of Last Report
04/12/1995

4. FEI Number
65-0057184

Applied For
☐ Not Applicable

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

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PLAZURE, LENNIE
5358 PARK PLACE CIRCLE
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0503, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent Signature required when reappointing)

2/26/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TS	PLAZURE, FRANCINE G.	5358 PARK PLACE CIRCLE	BOCA RATON FL	
P	PLAZURE, LENNIE	5358 PARK PL CIR	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1				
1.2				
1.3				
1.4				
2.1				
2.2				
2.3				
2.4				
3.1				
3.2				
3.3				
3.4				
4.1				
4.2				
4.3				
4.4				
5.1				
5.2				
5.3				
5.4				
6.1				
6.2				
6.3				
6.4				

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*****200.00**

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 119.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
DATE

407-347-1491
Daytime Phone

CR2E034 (12/95)