FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N41092   (0)

1. Corporation Name

PICK OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
C/O DAVID SEMADENI 231 SUNRISE AVENUE PALM BEACH FL 33480	C/O DAVID SEMADENI 231 SUNRISE AVENUE PALM BEACH FL 33480-3912

3. Date Incorporated or Qualified **11/29/1990**
3a. Date of Last Report **03/18/1996**

2. Principal Place of Business
21 230 ROYAL PALM WAY

2a. Mailing Address
26 230 ROYAL PALM WAY

4. FEI Number **65-0236177** — Applied For / Not Applicable

Suite, Apt #, etc
22 #403
27 #403

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

City & State
23 PALM BEACH
28 PALM BEACH

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 33480
25 PALM BEACH

Zip
29 33480
30 PALM BEACH

Country

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

9. Name and Address of Current Registered Agent

SEMADENI, DAVID
231 SUNRISE AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name **AS BEFORE**
82 Street Address (P.O. Box Number is Not Acceptable) **230 ROYAL PALM WAY**
83 **SUITE 430**
84 City **PALM BEACH** **FL** 85 Zip Code **33480**

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _(signed)_ DAVID SEMADENI.   4/29/97

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   (DATE)
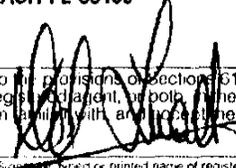
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	SEMADENI, DAVID		1.2 NAME		
STREET ADDRESS	231 SUNRISE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	MAUS, JOHN		2.2 NAME		
STREET ADDRESS	312 WORTH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	O'NEIL, MANNY		3.2 NAME		
STREET ADDRESS	155 HAMMON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	MCALLISTER, LARRY		4.2 NAME		
STREET ADDRESS	21 ROYAL POINCIANA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
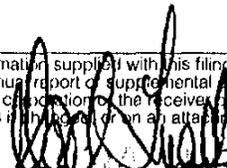
SIGNATURE: _(signed)_ DAVID SEMADENI   Date 4/28/97   Daytime Phone # (561) 820-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0039304

CR2E037 (9/96)