## FILE NOW: FILING FEE IS \$61.25

CITY-ST-ZIP

14. Thereby certify that the information indicated on this annual report of a officer or director of the corporation Block 12 or Block 13 if changes.

SIGNATURE:

Apr 23 1998 8:00am **NONPROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name (0)PICK OF PALM BEACH, INC. Principal Place of Business Mailing Address C/O DAVID SEMADENI 230 ROYAL PALM WAY 3. Date Incorporated or Qualified 231 SUNRISE AVENUE STF 403 11/29/1990 PALM BEACH FL 33480 PALM BEACH FL 33480 4. FEI Number Applied For 65-0236177 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired  $\mathbf{Q}$ 230 ROYAL PALM WAY 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing SUITE 403 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 28 23 Country 8. This corporation owes or has paid the current year Intangible 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name SEMADENI, DAVID Street Address (P.O. Box Number is Not Acceptable) 230 ROYAL PALM WAY 83 **STE 430** PALM BEACH FL 23480 84 City 85 Zip Code 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pligations of Seotion 617.0503. Florida Statutas. 11. Pursuant to the pro SEMAJEU SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME SEMADENI, DAVID 1.2 NAME 231 SUNRISE AVENUE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE NAME MAUS, JOHN 2.2 NAME STREET ADDRESS 312 WORTH AVE. 2.3 STREET ADDRESS PALM BEACH FL 33480 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE O'NEIL, MANNY 3.2 NAME NAME 301 AUSTRALIAN ANE. 455-HAMMON-AVENUE 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 3 4. CITY-ST-ZIP ☐ DELETË Addition 4.1 TITLE TITLE MCALLISTER, LARRY 4. 2 NAME NAME 21 ROYAL POINCIANA WAY 4.3 STREET ADDRESS STREET ADORESS PALM BEACH FL 33480 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an er or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

561 820-9111

**FILED**