FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N92000000124 (9)

1. Corporation Name
PALM BEACH CRUISERS, INC.

Principal Place of Business	Mailing Address
P.O.BOX 689 LOXAHATCHEE FL 33470	P.O.BOX 689 LOXAHATCHEE FL 33470-0689

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0365605 ☐ 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

9. **Name and Address of Current Registered Agent**

GELSKE, MARK
15427 SAN DIEGO DRIVE
LOXAHATCHEE FL 33470

10. **Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P - D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GELSKE, MARK		1.2 NAME	
STREET ADDRESS	15427 SAN DIEGO DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	
TITLE	T - D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TORELLA, JOAN		2.2 NAME	
STREET ADDRESS	476 FOREST EST. DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP	
TITLE	S - D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GELSKE, JACKIE		3.2 NAME	
STREET ADDRESS	15427 SAN DIEGO DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E037 (9/96)

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: Joan Torella SIGNATURE REQUIRED 3/25/97 561-683-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044389