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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000003379 (3)

1. Corporation Name

CONSIDER THE LILIES OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
13857 WELLINGTON TRACE SUITE D-1 WEST PALM BEACH FL 33414	P.O. BOX 3272 WEST PALM BEACH FL 33402-3272

3. Date Incorporated or Qualified: 07/18/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 321 Northlake Blvd.
Suite, Apt. #, etc.
22 Ste 103
City & State
23 N. Palm Beach Fl.
Zip 24 33408 Country 25 USA

2a. Mailing Address
26 1064 THE POINTE DR.
Suite, Apt. #, etc.
27
City & State
28 W. Palm Beach Fl
Zip 29 33409 Country 30 Palm Beach

4. FEI Number: 65-0641513 ☐ 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

PORRO, HILDA M
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

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 _____ (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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, TAYLOR		1.2 NAME		
STREET ADDRESS	1064 THE POINTE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, DONNA		2.2 NAME		
STREET ADDRESS	2464 S RIDGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY FL 33444		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAGO, KAREN		3.2 NAME		
STREET ADDRESS	9873 LAWRENCE RD C-206		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARMICHAEL, BARBARA		4.2 NAME		
STREET ADDRESS	884 CAMELLIA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		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: [signature] July 1997 FL 407-3774