

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005620 (7)

1. Corporation Name

PALM BEACH SINK A WRECK FUND, INC.

Principal Place of Business

Mailing Address

11420 US HWY 1 SR 147
PALM BEACH GARDENS FL 33408

11420 US HWY 1 SR 147
PALM BEACH GARDENS FL 33408

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0703288

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2913

22 City & State

27 Jupiter, FL

23 Zip Country

28 33468 USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIENSEN, JENNIFER
11420 US HWY 1 SR 147
PALM BEACH GARDEN FL 33408

81 Name

VARESHA IVES

82 Street Address (P.O. Box Number Is Not Acceptable)

P.O. Box 2913

83

84 City

JUPITER

FL

85 Zip Code

33468

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

Varesha Ives, Secretary

4/16/98

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	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ANDRE	
STREET ADDRESS	1307 BROADWAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAXMAN, JOHN T	
STREET ADDRESS	1801 FORUM PLACE, SUITE 801	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABERNATHY, JIM	
STREET ADDRESS	712 PELICAN WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTIENSEN, JENNIFER	
STREET ADDRESS	11420 U.S. HIGHWAY 1, SUITE 147	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Varesha Ives
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	P.O. Box 2913 Jupiter, FL 33468

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Varesha Ives Varesha Ives 416-98 861-745-9286

CR2E037 (10/97)