

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39988

(1)

1. Corporation Name

MISS I PARTNERS, INC.



Principal Place of Business

250 AUSTRALIAN AVE. S.  
SUITE 400  
W. PALM BEACH FL 33401  
US

Mailing Address

250 AUSTRALIAN AVE. S.  
SUITE 400  
W PALM BEACH FL 33401  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0349727

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 ☐

10. Name and Address of New Registered Agent

GUTIN, KATHLEEN L.  
ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. S., SUITE 400  
W. PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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 PS ☐ DELETE

NAME WRIGHT, LARRY E.  
STREET ADDRESS 250 AUSTRALIAN AVE., #400  
CITY-STATE-ZIP W. PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE S ☐ DELETE

NAME WRIGHT, LARRY E.  
STREET ADDRESS 250 AUSTRALIAN AVE., #400  
CITY-STATE-ZIP W. PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE TCD ☐ DELETE

NAME WAYMAN, EDWIN E.  
STREET ADDRESS 250 AUSTRALIAN AVE., #400  
CITY-STATE-ZIP W. PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE DAS ☐ DELETE

NAME GUTIN, KATHLEEN L.  
STREET ADDRESS 250 AUSTRALIAN AVE., #400  
CITY-STATE-ZIP W. PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE

NAME GOLDBERGER, JANE S  
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400  
CITY-STATE-ZIP WEST PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500001740915

03/13/96-01025-031

\*\*\*208.75

2/5/96 (407) 820-1800

CR2E034 (12/95)