

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33401-5012
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/11/1992

3a. Date of Last Report

03/12/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Sharon V. Patric

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

250 Australian Ave. S.

83

Suite 400

84 City

West Palm Beach

FL

85 Zip Code

33401

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

Sharon V. Patric

Sharon V. Patric

4/23/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	TCD	<input checked="" type="checkbox"/> DELETE
NAME	WAYMAN, EDWIN E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	GUTIN, KATHLEEN L.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERGER, JANE S	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry E. Wright	
1.3 STREET ADDRESS	250 Australian Ave. S #400	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathleen L. Gutin	
4.3 STREET ADDRESS	250 Australian Ave. S #400	
4.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles J. Stone	
5.3 STREET ADDRESS	250 Australian Ave. S #400	
5.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Leslie B. Horenburger	
6.3 STREET ADDRESS	250 Australian Ave. S #400	
6.4 CITY - ST - ZIP	West Palm Beach, FL 33401	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Kathleen L. Gutin

4/23/97

561-820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)