

Apr 30 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | Apr 30 1997 8:00am Secretary of State | |
| DOCUMENT # P92000006198 (5) | | | | | |
| 1. Corporation Name THREE PALMS ASSOCIATES, INC. | | | | | |
| Principal Place of Business C/O ROBERT BRODY ESQ. 4362 NORTHLAKE BLVD., #202 PALM BEACH GARDENS FL 33410 US | | | Mailing Address C/O ROBERT BRODY ESQ. 4362 NORTHLAKE BLVD., #202 PALM BEACH GARDENS FL 33410-6269 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/16/1992 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 3a. Date of Last Report 04/03/1996 | |
| 22. City & State | | 27. City & State | | 4. FEI Number 65-0377208 | |
| 23. Zip | | 28. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Country | | 29. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent BRODY, ROBERT 4362 NORTHLAKE BLVD. STE. #202 PALM BEACH GARDENS FL 33410 | | | 10. Name and Address of New Registered Agent 81. Name BRODY, Robert 82. Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place, Suite 404 83. 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: [Signature] | | | | DATE: 4/15/97 | |
| NOTE: Registered Agent signature required when reinstating. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12.1. TITLE: DP | | | 13.1. TITLE: [Change] [Addition] | | |
| 12.2. NAME: FROMER, ROBERT L | | | 13.2. NAME: [Change] [Addition] | | |
| 12.3. STREET ADDRESS: 227 DOCK LANE | | | 13.3. STREET ADDRESS: [Change] [Addition] | | |
| 12.4. CITY-ST-ZIP: KINGS POINT N | | | 13.4. CITY-ST-ZIP: [Change] [Addition] | | |
| 12.5. TITLE: DVST | | | 13.5. TITLE: [Change] [Addition] | | |
| 12.6. NAME: FROMER, ANN R | | | 13.6. NAME: [Change] [Addition] | | |
| 12.7. STREET ADDRESS: 227 DOCK LANE | | | 13.7. STREET ADDRESS: [Change] [Addition] | | |
| 12.8. CITY-ST-ZIP: KINGS POINT N | | | 13.8. CITY-ST-ZIP: [Change] [Addition] | | |
| 12.9. TITLE: DV | | | 13.9. TITLE: [Change] [Addition] | | |
| 12.10. NAME: FROMER, TONY | | | 13.10. NAME: [Change] [Addition] | | |
| 12.11. STREET ADDRESS: 5 POND RD | | | 13.11. STREET ADDRESS: [Change] [Addition] | | |
| 12.12. CITY-ST-ZIP: KINGS POINT NY | | | 13.12. CITY-ST-ZIP: [Change] [Addition] | | |
| 12.13. TITLE: [Change] [Addition] | | | 13.13. TITLE: [Change] [Addition] | | |
| 12.14. NAME: [Change] [Addition] | | | 13.14. NAME: [Change] [Addition] | | |
| 12.15. STREET ADDRESS: [Change] [Addition] | | | 13.15. STREET ADDRESS: [Change] [Addition] | | |
| 12.16. CITY-ST-ZIP: [Change] [Addition] | | | 13.16. CITY-ST-ZIP: [Change] [Addition] | | |
| 12.17. TITLE: [Change] [Addition] | | | 13.17. TITLE: [Change] [Addition] | | |
| 12.18. NAME: [Change] [Addition] | | | 13.18. NAME: [Change] [Addition] | | |
| 12.19. STREET ADDRESS: [Change] [Addition] | | | 13.19. STREET ADDRESS: [Change] [Addition] | | |
| 12.20. CITY-ST-ZIP: [Change] [Addition] | | | 13.20. CITY-ST-ZIP: [Change] [Addition] | | |
| 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 if changed, or on an attachment with an address. | | | | | |
| SIGNATURE: [Signature] ROBERT FROMER 4/21/97 212-753-7500 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |