

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

FILED
Apr 21 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P92000006198 (5)**

1. Corporation Name

THREE PALMS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

C/O ROBERT BRODY ESQ.
4362 NORTHLAKE BLVD., #202
PALM BEACH GARDENS FL 33410
US

C/O ROBERT BRODY ESQ.
4362 NORTHLAKE BLVD., #202
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

65-0377208

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **c/o Robert Brody Esq.**

Suite, Apt. #, etc.

22 **1601 Forum Place**

City & State

23 **West Palm Beach, FL**

Zip

24 **33401**

Country

25 **U.S.**

2a. Mailing Address

26 **c/o Robert Brody, Esq.**

Suite, Apt. #, etc.

27 **1601 Forum Place**

City & State

28 **West Palm Beach, FL**

Zip

29 **33401**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**BRODY, ROBERT
1601 FORUM PL STE 404
STE. #202
WEST PALM BCH FL 33401**

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

83

Centurion Tower

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
FROMER, ROBERT L
227 DOCK LANE
KINGS POINT N**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVST
FROMER, ANN R
227 DOCK LANE
KINGS POINT N**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
FROMER, TONY
5 POND RD
KINGS POINT NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Fromer **Robert Fromer**

4/13/98

CR2E034 (10/97)