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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000014485 (6)

PALMS WEST MANAGEMENT, INC.

Principal Place of Business Mailing Address  127 PUFFIN COURT 127 PUFFIN COURT ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-1711 US US					
				3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 05/01/1996
├ <del>-</del> -1	Place of Business	2a. Mailing Address	,	4. FEI Number 65-0377886	Applied For
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27	·	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	Yes No
NEA	Name and Address of Curr  NOCE CWAN	rent Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
	nger, Swan ' Puffin Court			150.0	
	YAL PALM BEACH FL 33411		62 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		B5 Zip Code
44 Dawnest	to the exercisions of Continue COZ O	E02 and C07 1500 Florida Pt	at the share second as	rporation submits this statement for the p	FL 63 Zip Code
agent. Fa SIGNATURE	am familiar with, and accept the ob		Florida Statutes.  (NOTE: Registered Agent signature requestions)	ation's board of directors. I hereby acceptured when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP DENGER, SWAN	☐ DELETE			Change Addition
NAME STREET ADDRESS	127 PUFFIN COURT		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33	411	1.4 City-ST-ZIP		
TITLE	DV	DELETE			Change Addition
NAME	DENGER, JAY		2.2 NAME		
STREET ADDRESS	127 PUFFIN COURT ROYAL PALM BEACH FL 33	M11	2.3 STREET ADDRESS		
CHY-ST-7F THUE	MOTAL FALM DUADITIE OF	DELETE	2.4 GITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		<u></u>	3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CHTY+ST-ZP			4.4 CITY-ST-ZIP		
THLE		DELETE		······································	Change Addition
NAMÉ			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		T DELEVE	5.4 CITY-\$T-ZIP	·	Choose C Addition
TITLE		☐ DELETE	I - · · · ·		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY ST-70			6.4 City-St-Zip	•	
14. I do here			ualify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	
information	on indicated on this annual report of	or supplemental annual report or the receiver or trustee em	is true and accurate and the powered to execute this reprint address.	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; t

SIGNATURE:

SWANDENGER PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PROS.

4-3-97 56-833-834

**FILED** 

Apr 09 1997 8:00am

Secretary of State