PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P92000014485

PALMS WEST MANAGEMENT, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90004 039 ***150.00



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Principal Place of Business Mailing Address								1 1991/981 (18 18118 11811 89111 89	asii! 88:5f			
127 PUFFIN COURT 127 PUFFIN COURT												
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3 US US					3411			DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
								12/21/1992	•			
2. Principal P	lace of Busin	iess	2a. N	Mailing Address				4. FEI Number		Ap	plied For	
26								65-0377886		No	t Applicable	
Suite, Apt. #, etc. Suite,				ite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22 27								a Significant Sign				
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	* 1	
Zip		Country	Z	Zip Country				8. This corporation owes the current year Intangible				
24	25 29			30				Personal Property Tax. ☐ Yes ☐ No				
<u></u> (and Address of Curr		red Agent	1			10. Name and Address of New F	legistered	Agent		
		The Contract		15.00		81	Name				,	
DENGER, SWAN						82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·		
127 PÚFFÍN COURT ROYAL PALM BEACH FL 33411							The second of the second of		<u> </u>	10 m 1 m 10 m 10 m 10 m 10 m 10 m 10 m		
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3						84	City		FL	85 Zip (Code	
34 0	tà the provin	ions of Sections 607.0	502 and 603	7 1508 Florida Statut	oc the a	hove	-named cor	poration submits this statement for the	nurnose of	changing its	registered	
045 00 OF 1	ragiotarad an	ant or both in the Sta	e of Florida	Such change was a	uthorized	l hv t	the comorat	ion's board of directors. I hereby accep	t the appoi	ntment as re	gistered	
👭 agent. I a	ım familiar w	th, and accept the obli	gations of, S	Section 607.0505, Flo	rida Stati	ıtes.			1 10	00	•	
SIGNATURE			يبي			•		ed when reinstating) ,	كإيبا		<u> </u>	
40	Signature, typed	or printed name of registered a OFFICERS /		<u>``</u>	13.	Agent	signature requir	ADDITIONS/CHANGES TO OF	ICERS AN	ID DIRECTO	RS IN 12	
TILE	DP	OFFICERS	TAD DITEO	DELETE	1.1 TD	1 F	T	* (* * * * *) ,		☐ Change	Addition	
	DENGER.	CWAN		_	1.2 NA			7 1-43	*			
NAME						-	ADDRESS					
STREET ADDRESS 127 PUFFIN COURT												
CITY-ST-ZIP		ALM BEACH FL 334	HII	☐ DELETE		TY-ST	-ZIP			Change	☐ Addition	
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NAME	DENGER				2.2 NA						.	
STREET ADDRESS		FIN COURT			2.3 \$1	REET	ADDRESS					
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TITLE				☐ DELETE	4.1 TI	ΓLE		1 2 2 2 2 2		Change ,	Addition	
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NAME		•			5.2 NA	ME					ļ	
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TITLE	- es	Name of		☐ DELETE	6.1 TV	rLE				Change	☐ Addition	
NAME	13 6 6°	14.77.15 E			6.2 N	ME						
STREET ADDRESS	47.7		• •		6.3 ST	REET	ADDRESS				į	
A LUFE LUDDINGS	4				_							

CITY-ST-ZIP A 14. 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, with all other like empowered.

SIGNATURE: