FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000029581 (4)

THE FLEMING GROUP OF PALM BEACH, INC.

THE PLEMING GROUP OF FALM BEACH, INC.					
Principal Place	e of Business	Mailing Address			
254 SULKY WAY WEST PALM BEACH FL 33414		254 SULKY WAY WEST PALM BEACH FL 33414			
				Date Incorporated or Qualified 04/22/1993	1 3a. Date of Last Report 04/06/1995
2. Principal Plane of Business		2a. Mailing Address		4. FEI Nurriber	Applied For
21		[26]		65-0403439	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	Oity & State		\$5.00 May Be
23		28	T-0-1	Trust Fund Contribution	Added to Fees
Ζη. 24	Country 25	Zφ 29	Country 30		or intangible tax under s=199.032, es=
L 	9. Name and Address of Cu		_1901	10. Name and Address of New	
	•		81 Name	as B. Blackwood, Cl	- AC
[VE] Bilect Masies				233 fr. to _Box 1 to bor to 1 tex / toboptamof	
	GA BLVD BEACH CARDENS FL 33418		83 Blac	kwood & Company, Pi	<i>¥</i>
PALM D	DEACH CANDENS FL 33416		3046	S. Congress Ave.	
			84 City Lake	Worth	FL 85 Zip Code 33461
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut			ourpose of changing its registered office oppointment as registered agent. I am
familiar w	ith, and accept the obligations of, S	section 607,0505, Florida Statutes	s / Corporations toal	d by directors. Intereby agreept the ap	opointment as registered agent. Fam
SIGNATURE	/ homas k	5. Black woo		Sulfund	1/29/96
12.	Signal are typed to profesh harve of regulatives: OFFICERS	AND DIRECTORS	113.		FFICERS AND DIRECTORS IN 12
TOTAL E	P	□ DELETE	1 1 TIFLE		Change Addition
NAME	FLEMING, JOE		1.2 NAME		
STHEET ADDRESS	254 SULKY WAY WEST PALM BEACH FL		1.3 STREET ADORESS		
CHY ST-ZIP TILLE	WEST FALM DEAGN FL	[] DELETE	1 4 CITY - ST - ZIF 2 1 TITLE		☐ Change ☐ Addition
NAME.			2 2 NAME		Contained D Modulous
STREET ADURESS			2.3 STREET ADDRESS		
CITY - \$1 - 71P			2 4 CITY - ST - ZIP		
TILE		☐ DELETE	3 1 THLE		☐ Change ☐ Addit-on
NAME			3 2 NAME		
STHEET ADDRESS			3.3 STREET ADDRESS		
DITY-ST-ZIP TITLE	 	DELETE	3 4 CITY ST-ZIP 4 1 THLE		Change Addition
NAME			4 2 NAME		
STHEFT ADDRESS			4.3 STREET ADDRESS		
City - ST - ZiP			4.4 CITY - ST - ZIP		
TiT.F		DELETE	5 1 TITLE		Change Addition
MAME			5.2 NAME		
STREET ACTURESS			5 3 STREET ADDRESS		
Cots St Ziff		[] DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	AL CONTRACTO MELLOCAL MANAGEMENT MANAGEMENT	Change Addition
NAME			6.2 NAME		
STHEET ACCORESS			6.3 STREET ADDRESS		
CITY ST ZIP	<u> </u>		64 CITY ST-ZIP		
certify that	at the information indicated on this a	apqual report or supplemental ann	nual report is true and accura	or the exemption stated in Section 1 te and that my signature shall have t	he same legal effect as if made under
oath; that	t Fami an officer or director of the ci in Block 12 or Block 13 if changed,	🎖 påration or the receiver or truste	ee empowered to execute thi	s report as required by Chapter 607,	Florida Statutes; and that my name
, ,	1 9.	X o		1/2-1.	

SIGNATURE:

SNA LURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Daytin e Phone #

:R2E034 (12/95