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

19	996	DIVISION OF C	CORPORATIONS		
DOCUM 1. Corporation N	ENT # P930	00054120 (9)			
PALM B	EACH LA DIFFERENCE	INC.		 	H BBRI BBIBI BIHI BRBA INDIB MBIL BBILKAN
Principal Place of Busness Mailing Address					
219 ROYAL POINCIANA WAY PALM BEACH FL 33480		219 ROYAL POINCIANA WAY PALM BEACH FL 33480			
				Date Incorporated or Qualified 08/02/1993	3a. Date of Last Report 02/20/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0426438	Applied For Not Applicable
1 Suite, Apil. #,	elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			- Fee Required
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
- Ζ(p)	Country	Zip	Country	8. This corporation has liability for	
4	25	29 cont Registered Agent	30	Florida Statutes Ye 10. Name and Address of New	S No
	9. Name and Address of Cur	rent negistered Agent	81 Name	XXXTE B	ADIEY MA
BARLEY,	MAXIE		82 Street Add	ress (P.O. Box Number is Not Accepta	ble
5600 NG	-DIXIE:AVE	• •	219	ROYAL POIX	CIAXA XAY
APT. 210			83		
WEST PA	ALM BEACH FL 33407		84 City	ELMBFAPH.	FL 85 Zip Code 33 480
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the provided districtors. Thereby accept the an	urpose of changing its registered office
or registered familiar with	d agent, or both, in the State of F , and accept the obligations of, S	ionda. Such change was authorize lection 607.0505, Florida Statutes.	od by the corporation's boa	ard of directors. I hereby accept the ap	A - C - O I
SIGNATIUM	Maple	Got and the d'application (NO	E. Registered Agent signature regim	ed when reinstatinal	DATE 00 "76
12.		AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TIFLE	0	□ DELETE	_	OWNER	Change Addition
NAME	BARLEY, MAXIE	T 010	1.2 NAME	MAXIE BARL	4 COLANA MAY
STREET ADDRESS	5600 NO-DIXIE-HWY., AP WEST PALM BEACH FL 3			PALM BEACH, F	FL 33180
CITY - ST - ZIP	WEST FALM DENOTITE S	DELETE	2 1 TITLE	MENT DE SELL !	Change Addition
NAMe			2 2 NAME		
STREET ADDRESS			2 3 STREE1 ADDRESS		
UPY SEZP		Filonetic	2 4 CITY - ST - ZIP		☐ Change ☐ Addition
THE		DELETE	3 1 TITLE 3 2 NAME		
NAME CHUICE ADDRESSE			33 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADORESS	. •	
CHY-S1-ZIF		DELETE	4 4 CHY-ST-7IP		Change Addition
Bitt .		□ ы.с.с	5 1 TITLE 5		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
City St-ZP			5 4 CITY- \$1-ZIP		
TOLE		☐ DELF1E	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ACTORESS			63 STREET ADDRESS		
CITY-ST-ZIP	y certify that the information supp	led with this filing is voluntarion	64 City-ST-ZIP	for the exemption stated in Section 1	19.07(3)(k), Florida Statutes, I further
certify that oath, that I appears in	the information indicated on this lam an officer or director of the o Block 12 or Block 12 if changed	armual report or supplements and orporation or the receiver pruste, or on an attachment with an add	ual report is true and accurate employeed to execute the ress.	ror the exemption stated in Section in rate and that my signature shall have the his report as required by Chapter 607,	ne same legal effect as if made under Florida Statutes; and that my name

SIGNATURE:

FEBRUATE JOB