

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90190 044 ***150.00

DOCUMENT # **P93000078733**

1. Corporation Name

SAFC OF PALM BEACH COUNTY, INC.

Principal Place of Business

**6129 LAKE WORTH ROAD
LAKE WORTH FL 33463
US**

Mailing Address

**6129 LAKE WORTH ROAD
LAKE WORTH FL 33463
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

4. FEI Number

65-0453749

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

6185 Jog Road

2a. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUBSCHER, DONNA A.
6129 LAKE WORTH ROAD
LAKE WORTH FL 33463**

**6185 Jog Road
Lake Worth, FL
33467**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HUBSCHER, DONNA A.**
CITY-ST-ZIP **1014 MANOR DRIVE
PALM SPRINGS FL**

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

Treasurer

☐ Change

☒ Addition

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HUBSCHER, BONNIE J.**
CITY-ST-ZIP **171 LAKE ARBOR DRIVE
PALM SPRINGS FL**

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

Vice President

☒ Change

☐ Addition

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **HUBSCHER, TAYLOR M**
CITY-ST-ZIP **1027 10TH WAY
WEST PALM BEACH FL**

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

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BUTLER, BRANT A.**
CITY-ST-ZIP **6870 HAMMOCK LANE
WEST PALM BEACH FL**

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

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(561) 4394222

Daytime Phone #

CR2E034 (1/98)