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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # **P93000086457 (7)**

PALM BEACH GARDENS BUILDING. INC.

2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. PENTHOUSE II PENTHOUSE II CORAL GABLES FL 33134-5224 **CORAL GABLES FL 33134** 3a. Date of Last Report 3. Date Incorporated or Qualified 03/25/1996 12/17/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0468319 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BOGGIO, LLOYD J 2121 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE SUITE 83 **CORAL GABLES FL 33134** 84 Zip Code City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or purified name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE HILE BOGGIO, LLOYD J CR2E034 12 NAME 2121 PONCE DE LEON BLVD., PENTHOUSE SUITE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-S1-ZIF Change ___ Addition DELETE 2.1 TITLE THILE MARCUS, STEWART 2.2 NAME NAM 2121 PONCE DE LEON BLVD., PENTHOUSE SUITE 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 2 4 CITY-ST-ZIP City-St-7IP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City - St - 7IP CH1Y - 5T - ZIF Addition DELETE Change 51 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS \$1REET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-769 Addition Change

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or experimental 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 this corporation or the eceiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of charged, or on an attachmen) with an address.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FACER OR DIRECTOR

DELETE

Date Daytime Phone #

FILED

Mar 17 1997 8:00am

Secretary of State