

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000010773**

1. Corporation Name

**DR Palm Beach, Inc.**

Principal Place of Business

Mailing Address

**1800 Palm Beach Lakes Blvd.  
West Palm Beach, Fla.  
33401**

**1800 Palm Beach Lakes Blvd.  
West Palm Beach, Fla.  
33401**

3. Date Incorporated or Qualified  
**02-09-94**

3a. Date of Last Report  
**04-24-95**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0457441**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**Wood, Michael**

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

**1800 Palm Beach Lakes Blvd.**

83

84 City

**West Palm Beach,**

FL

85

Zip Code  
**33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

*Michael Wood*  
Signature (typed or printed name of registered agent and the date)

**Vice President**

(NOTE: Registered Agent signature required when re-designing)

**4-5-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

**V  
Della Ratta, James J.  
7061 Copperwood Way  
Columbia, Maryland**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

**P/D  
Della Ratta, Joseph M.  
18385 S.E. Village Circle  
Tequesta, Florida 33489**

2.1 TITLE  Change  Addition

**V  
Wood, Michael  
1800 Palm Beach Lakes Blvd.  
West Palm Beach, Fla. 33401**

3.1 TITLE  Change  Addition

**400001773374  
-04/09/96--01051--003  
\*\*\*200.00**

4.1 TITLE  Change  Addition

**S  
Della Ratta, J. Raphael  
Route 97  
Glenwood, Maryland 21738**

5.1 TITLE  Change  Addition

**S  
Spitz, Fred  
3130 No. 52nd Street  
Hollywood, Fla. 33021**

6.1 TITLE  Change  Addition

**T  
Della Ratta, Jennifer  
715 So. Washington Str., #12-A  
Alexandria, Virginia 22314**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Michael Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Wood, Vice President**

**407/683-8810**

Daytime Phone #

CR2E034 (12/95)