

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90112 047 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P94000010773**

1. Corporation Name
D R PALM BEACH, INC.

Principal Place of Business
**1800 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33401**

Mailing Address
**1800 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
02/09/1994

4. FEI Number
65-0467441

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

9. Name and Address of Current Registered Agent
**WOOD, MICHAEL
 1800 PALM BEACH LAKES BLVD.
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELLA RATTA, JOSEPH M	
STREET ADDRESS	18385 S.E. VILLAGE CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33489	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELLA RATTA, JAMES J.	
STREET ADDRESS	7061 COPPERWOOD WAY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELLA RATTA, J. RAPHAEL	
STREET ADDRESS	ROUTE 97	
CITY-ST-ZIP	GLENWOOD MD 21738	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELLA RATTA, JENNIFER	
STREET ADDRESS	715 SO. WASHINGTON STR., #12-A	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WOOD, MICHAEL	
STREET ADDRESS	1800 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REDMOND, JENNIFER DELLA RATTA	
4.3 STREET ADDRESS	2257 NO. VERNON STREET	
4.4 CITY-ST-ZIP	ARLINGTON, VA 22207	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 RECORDED Michael Wood 3/26/99 (561) 683-8810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)