## 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

## DOCUMENT # **P94000013177** 1. Corporation Name

ATTORNEYS' REAL PROPERTY COUNCIL OF PALM BEACH C OUNTY, INC.

Principal Place	of Business	Mailing Address								
777 SOUTH FLA	AGLER DRIVE	777 SOUTH FLAGLER DRIVE .								
SUITE 500 EAST		SUITE 500 EAST				DO MOT WINITE IN THIS ORACE				
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401			ļ	DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed				
	1 - 11 - 11 - 11 - 11	ddrasa			02/14/1994 4. FEI Number	***		plied For		
2. Principal Place of Business		2a. Mailing Address						<del></del>	t Applicable	
21		26 Suite Ant # sta				65-0468469		\$8.75		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	,	
22		City & State								
City & State		├ <del>-</del> -¬ ′				<ol> <li>6. Election Campaign Financing Trust Fund Contribution</li> </ol>		\$5.00 Added t	- 1	
Zip Country		Zip Country				8. This corporation owes the curr	rent veer Inte			
<del></del> '		29 30				Personal Property Tax.	ent year mie	∏Yes	□No	
24	25 25 O Name and Address of Current					10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent					Name	70.	<u> </u>			
GRA		$\vdash$	_	14.		· · · ·				
	SOUTH FLAGLER DRIVE		82	2  S	Street Addres	Address (P.O. Box Number is Not Acceptable)				
	E 500 EAST		83	+						
	T PALM BEACH FL 33401									
			84	1	City	<del></del>	FL	85 Zip (	Code	
	to the provisions of Sections 607,0502	and CO7 1509 Florida Statutos	(0.0)	amed corpor	ation submits this statement for the		changing its	registered		
office or re	edistered agent, or both, in the State of	Florida, Such change was auti	norizea ov	/ tne	e corporation	's board of directors. I hereby acce	pt the appoin	itment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	<b>S</b> .						
SIGNATURE  Slanature, byped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
			13.	iii siy	Australia redolliso e	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			ADDITIONO DI BRICE TO GI		Change	☐ Addition	
NAME	DESANTIS, CONRAD J ESQ.	<del>_</del> ·-	1.2 NAME							
	44004 410 1001041414				INRESS.					
MODELL DALM DEACH EL 22400			1.3 STREET ADDRESS						İ	
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	31-21				Change	Addition	
i	DICKENSON, DAVID B ESQ.	C) BCLETC	2.2 NAME		1		•	_ •	_	
NAME	COO AL PROPOSAL LINEY CLIFTE AAC				nnocee .					
STREET ADDRESS					DRESS					
CITY-ST-ZIP	BOCA RATON FL 33432			ST-Z	ur	<u> </u>	<u> </u>	Change	Addition	
-TITLE										
NAME	GRAHAM, ROBERT M ESQ.				200500					
STREET ADDRESS					DORESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401			3.4. CITY-ST-ZIP				Change	Addition	
TITLE	D MACKAY STEDUEN LESO		4.1 TITLE					ப்பார்		
NAME	MACKAY, STEPHEN L ESQ.			2 NAME 3 STREET ADDRESS						
STREET ADDRESS	1300 W LANTANA RD., #202									
CITY-ST-ZIP	LANTANA FL 33465-3502	□ DELETE	4.4 CITY-5	ST-ZI	IP			Change	Addition	
TITLE	D DOONED MOUNT 1500	□ UELETE	5.1 TITLE 5.2 NAME					I'I wiginge		
NAME	POSNER, MICHAEL J ESQ.				NOTO	•				
STREET ADDRESS	1555 PALM BCH LKS BL STE 10	JUU	5.3 STREE						ļ	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-S	ST-ZI	IP		<del></del>	Chance		
TITLE	D '	☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME	raynor, Jeffrey S esq.		6.2 NAME					•	]	
STREET ADDRESS	ss 1155 U.S. HIGHWAY 1, STE. 304			ET AD	DORESS	•				

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

JUNO FL 33408

561-650-0529

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90199 049 \*\*\*150.00