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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| i. Corporation | MENT # P94000 GATE OF PALM BEACH, IN | | | | |
|--|--|---|---|---|---|
| Principal Place | e of Business | Mailing Address | | | DI BENNET FORSKA DÆDER A DENES ERNET FRAGE |
| 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480 251 ROYAL PALM WAY #600 PALM BEACH FL 33480 US | | LLING | DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 03/07/1994 | S SPACE | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 26 | | 26 | | 65-0473103 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Additional | |
| 22 27 | | | S. Columbia di Statuto Besileto | Fee Required | |
| City & State City & State | | • | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 | | 28 | Country | Trust Fund Contribution | |
| Zip | Country | Zip | -n <u> </u> | This corporation owes the current year I Personal Property Tax. | ntangible |
| 24 | 9. Name and Address of Currer | 29 3 | | 10. Name and Address of New Registere | |
| | 5. Name and Address of Curren | it Registered Agent | 81 Name | | |
| DE MENDOZA, MARIO G III 251 ROYAL PALM WAY SIXTH FLOOR | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| PALM BEACH FL 33480 | | | 94 07 | | 85 Zip Code |
| | | | 84 City | F | L. ' |
| l office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age | of Flonda. Such change was automations of, Section 607.0505, Florid | iorized by the corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered ointment as registered |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PDST | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAILEY, RICHARD B. | | 1.2 NAME | | |
| STREET ADDRESS | 251 ROYAL PALM WAY | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | AS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MENDOZA, MARIO G. DE II | | 22 NAME | | |
| STREET ADDRESS | 251 ROYAL PALM WAY | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | AS | ☐ DELETE | 3.1 TITLE | رُنه نہیں ہے۔ | Change Addition |
| NAME | WILKINSON, DEBRA | | 3.2 NAME | | |
| STREET ADDRESS | I = | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | · | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u></u> | | 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | | | 5.1 TITLE 5.2 NAME | | _ ···· v · _ ···· |
| NAME | | | 5.3 STREET ADDRESS | | ļ |
| STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| | I | | | | |
| NAME | | | 6.2 NAME | | 1 |

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)(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.

6.4 CITY-ST-ZIP

Richard B. Bailey, Pres. **SIGNATURE:**

(561) 793-0512