FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:42

DOCUMENT # P94000026827 (3)

1. Corporation Name
DIGNITY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
223 PERUVIAN AVENUE PALM BEACH FL 33480	223 PERUVIAN AVENUE PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report: 5 / 1994

2. Principal Place of Business
21 711 N. Flagler Drive
Suite, Apt. #, etc.
22 Side office - 7th Street
City & State
23 WPB FL
Zip 24 33401 County 25 Palm Beach

2a. Mailing Address
26 711 N. Flagler Drive
Suite, Apt. #, etc.
27 Side office - 7th Street
City & State
28 WPB FL
Zip 29 33401 County 30 Palm Beach

4. FEI Number: 65-0482230 ☐ 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

BROBERG, PETER S
223 PERUVIAN AVENUE
PALM BEACH FL 33480

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: Peter S Broberg
Signature of typed or printed name of registered agent and date if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FERRAINOLA, TONI	12 NAME	
STREET ADDRESS	223 PERUVIAN AVENUE	13 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, PATRICIA	22 NAME	
STREET ADDRESS	223 PERUVIAN AVENUE	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, LILIAN S	32 NAME	
STREET ADDRESS	223 PERUVIAN AVENUE	33 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WUERTHELE, BARBARA	42 NAME	
STREET ADDRESS	223 PERUVIAN AVENUE	43 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: Toni Ferrainola Administrator 5-22-95 (407) 655 5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

027A300 CP