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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043256

GENTRY COMPANY OF PALM BEACH COUNTY, INC.

1231 1/2 ROEBUCK COURT WEST PALM BEACH FL 33401 US	C/O W.J. TREMBLEY, P.A. 1801 S FEDERAL HWY SUITE 2 DELRAY BEACH FL 33483 US	219	DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 06/09/1994	SPACE
2. Principal Place of Business	2a. Mailing Address		4 FCI Number	Applied For
21	2a. Malling Address 26 C/O W.S. TRA Suite, Apt. #, etc. 27 80 S. Fayena	MBLAY P.M.	65-0506271	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11 - 1 CT- 2/9	5. Certificate of Status Desired	\$8.75 Additional
22	27 1801 S. FONEMA	r 44my 2/6 ,	5. Certicate of Otalias Desired	Fee Required
City & State	L City & State		6. Election Campaign Financing	\$5.00 May Be
23	28 DELRAY BOACE		Trust Fund Contribution	Added to Fees
Zip Country	Zip 2 3//62 -	Country	8. This corporation owes the current year Int	angible
24 25	29 23483 30	ر ب	Personal Property Tax.	☐ Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent
		81 Name		
TREMBLAY, W J 1801 S. FEDERAL HWY #219		82 Street Address (P.O. Box Number is Not Acceptable)		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050:		<u> </u>		
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat	of Florida. Such change was autho	onzed by the comporatio	n's board of directors. I hereby accept the appoi	intment as registered
SIGIOTOTIC TO THE STATE OF THE	A d title if anniverble (NOTE: Pari	intered Anant signature required	(when reinstating) DATE	
Signature, typed or printed name of registered agen		istered Agent signature required	77101100000009,	ND DIRECTORS IN 12
Signature, typed or printed name of registered agen 12. OFFICERS AN	D DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
Signature, typed or printed name of registered agen 12. OFFICERS AN TITLE DPST		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change
12. OFFICERS AN TITLE DPST NAME GENTRY, RORY	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change
12. OFFICERS AN TITLE DPST NAME GENTRY, RORY STREET ADDRESS 1120 ROYAL PALM BEACH BLY	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change
12. OFFICERS AN TITLE DPST NAME GENTRY, RORY STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH BLY ROYAL PALM BEACH FL	D DIRECTORS DELETE D. #362	13. 1.1 TITLE	77101100000009,	Change
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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, pron an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90108 044 ***150.00

☐ Addition