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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400056668 (4)

VANHORN OF THE PALM BEACHES, INC.

FILED Feb 11 1997 8:00am Secretary of State



1858 SUWANI		Mailing Address 1858 SUWANEE D				T JODNINGE HA KOUN BLOW KONN BONN BONN BONN BUNK BINN BINN BINN BUNK 1904 INDE			
WEST PALM US	BEACH FL 33409	WEST PALM BEAC US	WEST PALM BEACH FL 33409-5051 US			3. Date incorporated or Qualified 3a. Date of Last Report			
2. Principal I	Place of Business	2a, Mailing Addre	SS			07/28/1994 4. FEI Number	07/1	15/1996 A	pplied For
21		26				65-0520968		N/	ot Applicable
Suite, Apt	t #, etc.	Suite, Apt. #, 6	elc.			5. Certificate of Status Desired			Additional equired
Crty & Sta	ale	City & State		-	······· · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Co	untry	/	8. This corporation has liability for	intangible i		
24	25	29	30				Yes 2		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	glatered A	gent	
VA	NHORN, MARION L			81	Name			•	
185	58 SUWANEE DRIVE			82	Street Ade	dress (P.O. Box Number is Not Acceptab	la)		
WE	EST PALM BEACH FL 33409			02	Street Auc	bless (F.O. Box Number is Not Acceptat	ne j		
				B3			·····	***************************************	
				84	City		FL	85 Zip	Code
agent. I.	am familiar with, and accept the obliq	gations of, Section 607.0	505, Florida St	atutes	S.	ation's board of directors. I hereby acceptions are being acceptions as a second when reinstating)	DATE	AI ID HOLLE GO	rogistered
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	1S IN 12
TITLE	P	DEL	ETE 1.1	TITLE				Change	Addition
NAME	VANHORN, MARION L		1.2	NAME	Ì				
STREET ADDRESS	1858 SUWANEE DRIVE		1.3	STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4	CITY - S	iT-ZIP				
TITLE	TD	DEL		TITLE				Change	☐ Additio
NAME.	MAIER, HENRIETTA		2.2	NAME		ŧ	•		
STREET ADDRESS	817 2ND AVE N W		2.3	STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL 34630		n n		ST-ZIP				
TITLE	S	DEL		TITLE	D. 111	· · · · · · · · · · · · · · · · · · ·		Change	Additio
NAME	VANHORN, GARY L		- 1	NAME					
STREET ADDRESS	AND DIRUMNIC DONE		1		ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 3340	09	i i		ST-ZIP				
TITLE	VD	☐ DEL		TITLE				Change	Additio
NAME	VANHORN, ROBERT A		1	NAME	}			- -	
STREET ADDRESS	AREA OLDMANDE DONE				ADDRESS				
CITY-SI-7P	WEST PALM BEACH FL		1	CITY - S					
TITLE		DEL		TITLE				Change	Additio
NAME			1	NAME					
STREET ADDRESS					r address				
	'								
CITY-ST-ZIP		DEt		CITY - S TITLE	51- LIP			Change	Addition
TITLE		L U.C.						Vikinge	المان من
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY ST-ZIP	1		6.4	CITY-S	ST-ZIP				

14. I do 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 suppliemental 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 receiper 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:

1-6-97 56/683-0305 Daylime Phone CR2E034 (9