FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

OCHMENT # PQ4000078345 (2)

1. Corporation Name WHITE IBIS COURT HOLDING CORPORATION Principal Place of Business Mailing Address 1655 PALM BEACH LAKES BLVD SUITE 900 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401												
							corporated c 24/1994	r Qualified	3a. Date	of Last 2/14/1		
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifica	ite of Status	Desired			75 Additional e Required	
23		Crty & State					i Campaign F und Contribu			\$5.	.00 May Be	
7ip 24	Country 25	Zip [29]		ountry			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No					
	9. Name and Address of Cur	rent Registered Agent		_T			and Addres	s of New Re	egistered A	aent		
* SUITE (WEST F 11. Pursuant or register familiar wi	ALM BEACH LAKES BLVD 2000 2ALM BEACH FL 33401 to the provisions of Sections 607.01 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florida orida. Such change was a ection 607.0506, Florida S	Statutes, the at uthorized by the tatutes.	84 Dove recorp	City named corporation's b	poration submits to	nis statemen hereby acce	for the purpopt the appo	FL pose of char intraent as i	í I	Zip Code s registered office ed agent. I am	
SIGNATURE .	Signature, typed or printed name of registered a	jort and title if applicable			t signature reu	pired when reinstahrigi			DATE			
TILLE	D OFFICE.HS	AND DIRECTORS DELET	13 If	I. TITLE	-	ADDITIO	NS/CHANG	S TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	BUGALA, EVA %1655 PALM BEACH LAK WEST PALM BEACH FL 3:	ES BLVD, SUITE 900	1.2	NAME	ADDRESS				L) Change	e [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALKO, MIKULAS 1655 PALM BEACH LAKES WEST PALM BEACH FL	BLVD	E 2 1 22 23	TITLE NAME	ADORESS		•		С	Change	Add/tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELET	f 3 1 3 2 3 3	TITLE NAME	ADORESS		,		C	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELET	£ 4.1 4.2 4.3:	TIFLE NAME	ADDRESS		······································			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELE1	£ 5 1 5 21 5 3 !	TITLE NAME STREET	ADDRESS	- ,,				Change	Addition	
TITLE NAME		☐ DELET	E 6 1	CITY-SI TITLE Name	· ZIP		·-···			Change	Addition	

CITY-ST-ZIP

14. If 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)(k). 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 cath; 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.

63 STREET ADDRESS

STREET ADDRESS

Michelas Halko 03-29-1996

AME OF SIGNING OFFICER OR DIRECTOR

Date