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

P95000030821 (9)

DOCUMENT # 1. Corporation Name WONDERLAND OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

4953 CRESTHAVEN BOULEVARD



		WEST PALM BEACH FL			
• Dissipated D				3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report
2. Principal Pi	Forest HII Blow	2a. Mailing Address 26 00 H	ancof Hill P	100 4. FEI Number - 1578	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1111	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	2000s.Fl. 33413		75.F1.33	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp 33	113 Country	2 Zm2341.3	Country 30		or intangible tax under s 199.032,
	9. Name and Address of Current Re		[30]	Fiorida Statutes Ye 10. Name and Address of New	es No
4953 CF	, VINCENT N RESTHAVEN BOULEVARD PALM BEACH FL 33415		APT 208		
			84 City 1	ASTRIM PO	FL 85 72915
familiar will SIGNATURE	oncercy go	07.0508, Iorida Brantes.	2 by the corporation's	board or directors. I hereby accept the ap	
12,	Signature, typed or printed name of registered agent and tit OFFICERS AND DIF	le il/applicable. (NOTE RECTORS	: Registered Agent signature r		DATE
TITLE	D	DELETE	1. 1 TITLE	Vice President	FICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY+ST-ZIP	ROSATI, VINCENT N 4953 CRESTHAVEN BOULEVARD WEST PALM BEACH FL 33415		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ROSATI ACICIO.	FICERS AND DIRECTORS IN 12 Change Addition APT 208 33415
TITLE		☐ DELETE	2 1 THILE	WEST FORHER HILL	Charge Addition
NAME			2.2 NAME		_
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME STREET ADORGO			3.2 NAME		
STREFT ADDRESS CITY-ST-ZIP			33 STREET ADDRESS		
TITLE		DELETE	3.4 CITY - ST - ZIP		
NAME		L. DELCTE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_ , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS		t	6.3 STREET ADDRESS		
CITY - ST - ZIP		<u> </u>	64 CITY-ST-ZIP		
14. I do hereby certify that t	certify that the information supplied with the information indicated on this annual reg	is filing is voluntarily funds	ed and does not qua	ify for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
	the information indicated on this angular rep am an officer or director of the or poration Block 12 or Block 13 if changed, or or an				

SIGNATURE: