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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042954 (4)

1. Corporation Name

PALM BEACH SUITES, INC.



Principal Place of Business

Mailing Address

1177 KANE CONCOURSE, SUITE 201
BAY HARBOR ISLANDS FL 33154

1177 KANE CONCOURSE, SUITE 201
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81

Name

Martin W. Taplin

82

Street Address (P.O. Box Number is Not Acceptable)

1177 Kane Concourse, Suite 201

83

84

City

Bay Harbor

FL

85

Zip Code
33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 is 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 607.0503, Florida Statutes.

SIGNATURE

Martin W. Taplin

March 14, 1996

Signature typed or printed name of registered agent or corporation (if corporation, type name of corporation and name of officer or director authorized to sign)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

President/Director

☐ DELETE

NAME

Martin W. Taplin

STREET ADDRESS

1177 Kane Concourse, Suite 201

CITY- ST- ZIP

Bay Harbor, Florida 33154

TITLE

Secretary/Treasurer/Director

☐ DELETE

NAME

Jennifer Taplin

STREET ADDRESS

1177 Kane Concourse, Suite 201

CITY- ST- ZIP

Bay Harbor, Florida 33154

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 oath; that I am an officer or director of the corporation, its 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 additional page.

SIGNATURE: By:

Signature typed or printed name of officer or director authorized to sign

March 14, 1996 (305) 865-5760

DATE

(Signature Printed)

CR2E034 (12/95)