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**PROFIT CORPORATION** ANNUAL REPORT 1999



DOCUMENT # P95000049531

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90034 032 \*\*\*158.75

<ol> <li>Corporation</li> </ol>	Name .			1		
W A BOI	utique of Palm Beach, II	NC.				
				E LOCALOGE HAD LOCAL GENERAL CONTRACTOR	<b>       </b>	11 <b>3</b> 1 11 <b>3</b> 1 1 <b>11</b> 1
Principal Place	e of Business	Mailing Address		i dentien iim imint mitte mein manti dat	it <b>aa</b> tti <b>atala tala</b> t atsaa t	(SIME SIME COME
777 S FLAGLER		777 S FLAGLER DR				
SUITE 1101 E SUITE 1101 E						
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			)1	DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		}
			<u></u> .	06/22/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0600625		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Ad Fee Req	1
22		27			·	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 M	
23		28	0	Trust Fund Contribution	Added to	rees
Zip	Country	Zíp	Country	8. This corporation owes the current ye		□No
24	25	<del></del>		Personal Property Tax.  10. Name and Address of New Regis		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	tereu Agent	
WITT	, GARRY L		I I	awrence A. Silvestri		
777 S FLAGLER DR		82 Street Ag	dress (P.O. Box Number is Not Acceptable)	+~ 1101E	İ	
SUITE 1101 E		83	77 S. Flagler Drive Sui	re iioi		
WEST PALM BEACH FL 33401		63				
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			<u> </u>	Mest Palm Beach,		3401
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l office or a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autons of, Section 607.0505, Flori	nonzed by the comora	orporation submits this statement for the purputation's board of directors. I hereby accept the	appointment as regi	istered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 trustife 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: 2

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM A. Shewalter, Treasurer

(561) 833-3777

CR2E034 (11/98)