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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000061789

1. Corporation Name

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90010 009 \*\*\*150.00

GHO VE	ERO BEACH II, INC.								
Principal Flac	ce of Business	Mailing Address					l Alsti Amstri Mitte	IN DIVER HADIN LABOR	18119 1811 1891
5670 CORPOR		5670 CORPORATE WAY							
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3340						DO NOT WE	UTC IN TUI	e cdace	
						Do NOT WE      Do NOT WE      The incorporated or Qualife		S SPACE	
						08/10/1995	J		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		An	plied For
<u> </u>						45-0262117 65-0	16211	24 No	Applicable
21         26           Suite, Apt. #, etc.         Suite, Apt. #, etc.								\$8.75	
22	. ", ".	27				5. Certifcate of Status Desired		Fee Re	
City & Sita	ite	City & State	<del></del>			6. Election Campaign Financing		\$5.00	May Be
23		28	]			Trust Fund Contribution	' <u>-</u>	Added t	o Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the cu	rrent year I		_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	n: Registered Agent				10. Name and Address of New	Registere	d Agent	
	JOLED WILLIAM S. 500			81	Name				
	NDLER, WILLIAM N. ESQ			82	Street A	ddress (P.O. Box Number is Not Accep	table)		
	O CORPORATE WAY								
ME:	ST PALM BEACH FL 33407			83	ļ.				
				84	City			. 85 Zip (	Code
				l	_	orporation submits this statement for the	F		
SIGNATUFE	Signature, typed or printed name of registered ago					riied when reinstating)  ADDITI()NS/CHANGES TO O	DATE	AND DIRECTO	DRS IN 12
TITLE	DP GITIERIO A	DELETE	_	1.1 TITLE		D	, , , , = =	Change	Addition
NAME	HANDLER, DAN		1.2 NA	ME		D			
STREET ADDRESS	FATA CODDODATE WAY		13 ST	REET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CIT						
TITLE	VPS	☐ DELETE	2.1 TIT			PSD		Change	☐ Addition
NAME	HANDLER, WILLIAM		2 2 NA	ME		100		••	
STREET ADDRESS	CASA CARRADATE MAN		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CI	TY-S	T-ZIP				
TITLE	VP	☐ DELETE	3 1 TITLE					Change	☐ Addition
NAME	HANDLER, BRETT		3.2 NAME		-				
STREET ADDRESS	000000 to 10000		3.3 STREE		ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		34 CI	TY-\$	T-ZIP				
TITLE	T	☐ DELETE	4.1 TIT	ΓLE				☐ Change	☐ Addition
NAME	HANDLER, SUSAN		4, 2 NA	AME	Į.				
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CIT	TY-S	T-ZIP	<del></del>			
TITLE	_	☐ DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA	ΜE	- !				
STREET ADDRESS	s								
CITY-ST-ZIP				REET	TADDRESS				
TITLE			5.4 Ci1	REET	i				D 4.1 (42)
11100		☐ DELETE	5.4 CIT 6.1 TIT	REET TY-S'	i			☐ Change	☐ Addition
NAME		☐ DELETE	5.4 CiT 6.1 TIT 6.2 NA	REET TY-S' TLE WIE	T-ZIP			☐ Change	☐ Addition
	s	☐ DELETE	5.4 CiT 6.1 TIT 6.2 NA	REET TY-S' TLE WE REET	T-ZIP			☐ Change	☐ Addition

14. I hereby certify that the information supplied with this fiving 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 of 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 type 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 all other like empowered.

SIGNATURE: \_

SIGNATU RE AND TYPING OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR