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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P95000068661 (4) CENTURY 21 PALM BEACH COUNTY COUNCIL, INC.

**FILED** 

May 12 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					O BOLLA OLIAL TIOLISM	
1896 PALM BEACH LAKES BLVD. 1896 PALM BEACH LAKI						
SUITE 103 SUITE 103 WEST PALM BEACH FL 33409 WEST PALM BEACH FL					DO NOT WRITE IN THE SELECT	
					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	<u>⊁</u>
					09/06/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				65-0774081	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						8.75 Additional
22	27					Fee Required
City & State	City & State		,		6. Election Campaign Financing	5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country Zip		Gount 30	try	8. This corporation owes or has paid the current	. — .
24					Personal Property Tax due June 30. Ye	
	g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Ager	<u> </u>
	HOLMES, MARK					
11585 U.S. HIGHWAY 1				2 Syeel Add	dress (P.O. Box Number is Not Acceptable)	>
PALM BEACH GARDENS FL 33408				3 10 14	N. 12 WES DIVE	
				٦)	2	
			8	4 City	Thola Beach PLEI 85	Zip Code 33409
44 Duration	to the exercisions of Contract CO7 OF	02 and E07 (E09 Florida Chatut	on the she	W P	noration submits this statement for the surross of she	nging its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was a	authorized	by the corpora	poration submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointn	nent as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statut	es.		
SIGNATURE	Signalure, typed or printed name of registered ag	(NOT	E Ganistand f	seed rightlyte requi	ired when reinstating) DATE	
12.		ID DIRECTORS	13.	Serie all series re-de-	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	HOLMES, MARK		1.2 NAM	E		
STREET ADDRESS			1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	PALM BEACH GARDENS FL	33408	1.4 CITY	-ST-ZIP_		
TITLE	VP	☐ DELETE	21 TITLE			Change
NAME	GAFFNEY, STEVE		2.2 NAME			}
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334		2 4 C(TY	-ST-ZIP		
TITLE	8	☐ DELETE	3.1 TITLE			Change   Addition
NAME	GAMBLE, GEORGE		3.2 NAM	`		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334		_	-ST-ZIP		Change delice
TITLE	TUDNED CALLY	☐ DELETE	4.1 TITLE	ì	L) (	Change 🔲 Addition
NAME	TURNER, SALLY 7138 LAKE WORTH ROAD	1101	4.2 NAM			
STREET ADDRESS	A ALVE MARTINET AND AND		1	ET ADDRESS		1
CITY-ST-ZIP	LANE WORLD PL 3349/	DELETE	4.4 CITY			Change Addition
TITLE NAME		□ beteit	5.1 TITLE 5.2 NAM	1		Arango LijAgontoli
STREET ADDRESS				ET ADDRESS		,
i			1	1		1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		<u> </u>	Change Addition
NAME		- Perri	6.2 NAM	Y	<u>.</u>	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	Y		}
	actifu that the information supplied	with this filing does not a solify for			Section 119 07(3)(i) Florida Statutes I further certify t	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 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.

**SIGNATURI**