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FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
19967



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

DOCUMENT # P95000068910 (5)

1. Corporation Name

PALM BEACH CLOTHING COMPANY



Principal Place of Business

Mailing Address

235 ROYAL POINCIANA WAY
PALM BEACH FL

235 ROYAL POINCIANA WAY
PALM BEACH FL

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report

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

33480

25

29

33480

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0605754

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

RUBERTO, JOHN A JR.
915 MIDDLE RIVER DRIVE, SUITE 419
FORT LAUDERDALE FL 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 was 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FANNING, ERIC PAUL
STREET ADDRESS 235 ROYAL POINCIANA WAY
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE President / Secretary / T ☒ Change ☐ Addition
1.2 NAME { SAME }
1.3 STREET ADDRESS { SAME }
1.4 CITY-ST-ZIP { SAME }

TITLE C ☐ DELETE
NAME Margorie L. Fanning
STREET ADDRESS 235 Royal Poinciana Way
CITY-ST-ZIP Palm Beach FL, 33480

2.1 TITLE C ☐ Change ☒ Addition
2.2 NAME Margorie L Fanning
2.3 STREET ADDRESS 235 Royal Poinciana Way
2.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 100002209441
4.3 STREET ADDRESS -06/11/97--01116--006
4.4 CITY-ST-ZIP ***165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 900002209439
6.3 STREET ADDRESS -06/11/97--01116--005
6.4 CITY-ST-ZIP ***8.75

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

651
654-5315
Daytime Phone #

CR2E034 (12/95)