

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074397 (7)

1. Corporation Name

PR WEST PALM, INC.



Principal Place of Business

455 PENNSYLVANIA AVE., SUITE 135
FT. WASHINGTON PA 19034

Mailing Address

455 PENNSYLVANIA AVE., SUITE 135
FT. WASHINGTON PA 19034

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ROGERS, ROBERT G
STREET ADDRESS 455 PENNSYLVANIA AVE., SUITE 135
CITY - ST - ZIP FT. WASHINGTON PA 19034

TITLE ☐ DELETE

NAME D
LINN, JEFFREY A
STREET ADDRESS 455 PENNSYLVANIA AVE., SUITE 135
CITY - ST - ZIP FT. WASHINGTON PA 19034

TITLE ☒ DELETE

NAME D
COHEN, MARSHALL J
STREET ADDRESS 1000 MAPLEWOOD DR., SUITE 110
CITY - ST - ZIP MAPLE SHADE NJ 08052

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Jonathan B. Weller
1.3 STREET ADDRESS 455 Pennsylvania Ave., Ste 135
1.4 CITY - ST - ZIP Fort Washington, PA 19034

2.1 TITLE Vice-President ☐ Change ☒ Addition

2.2 NAME Dante J. Massimini
2.3 STREET ADDRESS 455 Pennsylvania Ave., Ste 135
2.4 CITY - ST - ZIP Fort Washington, PA 19034

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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***200.00

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)(b), 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

Date

Daytime Phone

3-13-95 (215) 542-9252

CR2E034 (12/95)

3-21-1996