**FILED** 

Mar 05, 1999 8:00 am Secretary of State

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## 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 # **P95000077581**1. Corporation Name

PALM BEACH CONDITION, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.													
JUPITER FL 33469	Principal Place of Business	lace of Business Mailing Address				1 100151	MI 118 IBIGI BISIL B		117	*** *****		F141 1/4/ 1981	
2. Principal Place of Business	120 ( 11121) 11010												
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number	JUPITER PL 33469 JUPITER PL 33469					DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business   2a. Mailing Address   5c   5c   5c   5c   5c   5c   5c						3. Date Incor	porated or Qua	lifed					
26   Suite, Apt. #, etc.   Scriffcate of Status Desired   \$8.75 Additional   \$8.75 Additio						10/10/19	995						
Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Suite, Apt. #, etc.  Sicertificate of Status Desired   \$8.75 Additional Fee Required    Sicertificate   \$8.75 Additional Fee Required    Sicertificate   \$8.75 Additional Fee Required	2. Principal Place of Business	2a. Mailing Address								. L	<u> </u>		
Secret Required   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   City & State   City & State	21	26				65-0625	004			<u> </u>			
City & State						5. Certifcate	of Status Desir	ed 🗆	]	T			
Zip Country Zip Country A Street Agent Street Agent Street Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and tate if applicable (NOTE: Registered Agent signature required when reinstating)  DATE    12.		City & State				6. Election Ca	ampaign Finan	cing _	,	-\$5	.00 k	May Be	
Zip Country Zip Country Zip Signature required when reinstating)  Zip Country Signature. Speed or printed name of registered agent and title if applicable signature required when reinstating)  Zip Country Signature required when reinstating)  Zip Code  10. Name and Address of New Registered Agent signature required when reinstating)  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 agent, and the signature as registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Zip Code  (NOTE: Registered Agent signature required when reinstating)  DATE  11. TILE  D Change Addition	23	28				Trust Fund	Contribution		J	Add	ded to	Fees	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311  81  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  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DELETE 1. TITLE D HUTCHESON, THOMAS J JR  STREET ADDRESS CITY-ST-ZIP JUPITER FL 33469 14 CITY-ST-ZIP  TITLE D Change Addition						8. This corpo	ration owes the	current y	year Inta	ngible			
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3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City			81	N	ame								
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NAME									· ·				
126 PINEVIEW ROAD	1		12 NAME										
CITY-ST-ZIP         JUPITER FL 33469         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME			1.3 STREE	T ADE	DRESS							•	
TITLE         DELETE         2.1 TITLE         ☐ Change         ☐ Addition           NAME         2.2 NAME			1.4 CITY-ST-ZIP			•							
NAME 2.2 NAME		☐ DELETE								Cha	ange	☐ Addition	
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TITLE DELETE 31 TITLE Change Addition		☐ DELETE					~		.: .: .	Cha	ange	☐ Addition	
NAME 32 NAME			3.2 NAME										

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 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, with all other like empowered.

3.3 STREET ADORESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETÉ

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Change

☐ Addition

\_\_\_ Addition

Addition

CR2E034 (11/98)