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

PROFIT CORPORATION ANNUAL REPORT

1997

City & State

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081617 (9)

Country

2424 NORTH FEDERAL HIGHWAY, SUITE 411

9. Name and Address of Current Registered Agent

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WEISS, STEVEN M ESQ.

BOCA RATON FL 33431

PALM BEACH PROMOTIONS, INC.

Principal Place of Business	Mailing Address	
1651 NORTHWEST 1ST COURT BOCA RATON FL 33432	1651 NORTHWEST 1ST COURT BOCA RATON FL 33432-1721	
		 Date Incorporated or Qualified 10/23/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0614184
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired

City & State

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SIGNATURE AND TY ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14 1997 8:00am Secretary of State

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☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

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

3a. Date of Last Report

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

04/18/1996

			64	City		FL	100 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: type of or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when rainstating) DATE									
12.	OFFICERS AND DIRECTOR	DELETE	13.		ADDITIONS/CHANGE	ES TO OFFICERS AND		Addition	
TITLE	ST	☐ OFFEIF	1.1 TITLE				Change	LI Addition	
NAME	PIERONI, ANTHONY J		1.2 NAME						
STREET AUDRESS	1651 NORTHWEST 1ST COURT		1.3 STREET	ADDRESS					
CITY -ST - ZIP	BOCA RATON FL 33432	:	1.4 CITY - S	T-ZIP					
TITLE	PD	☐ DELETE	21 TITLE				Change	Addition	
NAME	Pieroni, Kelly		2.2 NAME						
STREET ADDRESS	1651 NORTHWEST 1ST COURT		2.3 STREET	address					
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY - 5	ST-ZIP					
TITLE	VD	DELETE	31 TIFLE				Change	☐ Addition	
NAME	CLARK, TRACY	Ï	3.2 NAME	Ì				ï	
STREET ADDRESS	1651 NORTHWEST 1ST COURT		3.3 STREET	ADDRESS					
CITY-\$1-ZIP	BOCA RATON FL 33432		3.4. CITY-5	ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4.2 NAME					_	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIF			4.4 CITY-S	T-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STHEET ADDRESS			5.3 STREET	ADDRESS					
CITY - ST - ZIP			5.4 City-S	T - ZIP				·_	
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	Ì				'	
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	T-ZIP					
14. I do 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. The properties of the corporation of the co									

Country

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