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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086832 (9)

MISTER FORMAL OF THE PALM BEACHES INCORPORATED

Principal Place of Business Mailing Address

2830 OKEECHOBEE BLVD.
W PALM BEACH FL W PALM BEACH FL

## FILED Feb 26 1998 8:00am Secretary of State



VI I I I I	VIII.	H TALM DEAGH FL				DO NOT WRITE IN THIS SPACE	
1						3. Date Incorporated or Qualified	
						11/13/1995	
<b>⊢</b> ¬	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26			,	59-1593494	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					75 Additional
22		27]				Fe	e Required
City & State	e e	City & State					.00 May Be
23		[28]					ded to Fees
Zip	Country	Zip	· ' ' ' ' ' ' ' ' ' '		,	8. This corporation owes or has paid the current year	
24	25	29	30	,	··-	Personal Property Tax due June 30.  Yes	□ No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name			
GROSSMAN, JOSEPH				от маше			
	O OKEECHOBEE BLVD.		82 Street Add		Street A	ddress (P.O. Box Number is Not Acceptable)	
Wi	PALM BEACH FL 33409						
				83			]
				84	City	FL 85	Zip Code
44 Purpusati	to the previous of Continue COT of OO	and CO2 4500 Clasida Chat.					
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 Signalure, typed or profest news of registered agent and take it applies table (NOTE, Registered Agent signalure required when reinstating)  DATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	D	DELETE	1.1 T	ITLE	T	☐ Cha	
NAME	GROSSMAN, JOSEPH		1.2 N	IAME			
STREET ADDRESS	2830 OKEECHOBEE BLVD.		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33409		1.4 C	ITY-S	1 - ZIP		
TITLE	D	DELETE	DELETE 2.1 T			☐ Cha	nge 🔲 Addition
NAME	STIEFELD, STEVEN		2.2 N	2.2 NAME			
STREET ADDRESS	2830 OKEECHOBEE BLVD.		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33409		2.4 CITY - ST - ZIP		T-ZIP		
TITLE	DELE		3.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		1
CITY-ST-ZIP			3.4. C	CITY-S	T-ZIP		1
TITLE		☐ DELETE	4.1 TI	ITLE		☐ Cha	nge Addition
NAME			4.2 N	NAME			
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY+ST-ZIP			44 C	ny-s	T-ZIP		
TITLE	DELETE 5		5 1 TI	TLE		☐ Chai	nge 🔲 Addition
NAME			5 2 N	AME.			[
STREET ADDRESS			535	TREET	ADDRESS		İ
CITY-ST-ZIP			54 C	HY- \$1	r-71P		- 1
TITLE		DELETE	611	ITLE		☐ Chai	nge 🔲 Addition
NAME			62 N	AME			ŀ
STREET ADDRESS			638	TREET	ADDRESS		ŀ
CITY-ST-ZIP			64 C	(TY-S)	r-ZIP		
44 Lhoroby c	orlds that the information constant with	. Circ filing elegen net english s				in Conting 110 07/3)/i) Florido Statutas, I further contifu the	

4. I horeby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliencental 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 of fixee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or or an artist with an address.

CICALATUDE.

2-21-98

561-684-046x