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 # P95000088273 (4)

1. Corporation Name

PALM BEACH MARBLE COMPANY

Principal Place of Business	Mailing Address
219 WORTH AVENUE PALM BEACH FL 33480	219 WORTH AVENUE PALM BEACH FL 33480

3. Date Incorporated or Qualified: **11/15/1995**
3a. Date of Last Report:

4. FEI Number: 65-0633210 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BROBERG, PETER S
223 PERUVIAN AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: ROBERT W. GOTTFRIED
82 Street Address (P.O. Box Number is Not Acceptable): 219 WORTH AVENUE
83
84 City: PALM BEACH **FL** 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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. The above 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: _____ Date: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GOTTFRIED, ROBERT W		12 NAME	
STREET ADDRESS	219 WORTH AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		14 City-St-Zip	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 City-St-Zip	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 City-St-Zip	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 City-St-Zip	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 City-St-Zip	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 City-St-Zip	

100001755601
-03/25/96--01019--031
***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report/application filed, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or an attached typed name and address.

SIGNATURE: _____ 3/7/96 (407)655-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #