

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000095957 (3)**  
 1. Corporation Name  
**GOLDEN PALM REALTY SERVICES, INC.**



Principal Place of Business  
**4403 W HILLSBORO BLVD  
 COCONUT CREEK FL 33073**

Mailing Address  
**4403 W HILLSBORO BLVD  
 COCONUT CREEK FL 33073-3293**

3. Date Incorporated or Qualified  
**12/15/1995**

3a. Date of Last Report  
**06/27/1996**

4. FEI Number  
**65-0627201**

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

21 **201 N. U.S. Highway 1**

22 **D-5**

23 **Jupiter Florida**

24 **33477**

25 **U.S.A.**

26 **97 Beechwood Trl**

27

28 **Tequesta Fla**

29 **33469**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**JACOBY, BIBY D**  
**4403 W HILLSBORO BLVD**  
**COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBY, BIBY D</b>	
STREET ADDRESS	<b>4403 W HILLSBORO BLVD</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBY, BIBY D</b>	
STREET ADDRESS	<b>4403 W HILLSBORO BLVD</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JACOBY Biby D.</b>	
1.3 STREET ADDRESS	<b>201 N. U. S. Highway one D-5</b>	
1.4 CITY-ST-ZIP	<b>Jupiter FL 33469</b>	
2.1 TITLE	<b>ST.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JACOBY Biby D.</b>	
2.3 STREET ADDRESS	<b>97 Beechwood Trl.</b>	
2.4 CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 checked or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)