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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P9600006821 (8)

PALM BEACH TRADING POST INC. Principal Place of Business Mailing Address 211 ROYAL POINCIANA WAY 211 ROYAL POINCIANA WAY PALM BEACH FL 33480-4039 PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0649908 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 $Z_{\rm IP}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCLINTIC, BRUCE elicia McClintic 211 ROYAL POINCIANA WAY 82 Royal Poinciana PALM BEACH FL 33480 83 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 of both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Tant familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. miclimate SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE ___ Change 1.1 TITLE 100 PID MCCLINTIC, BRUCE 1.2 NAME NAME CR2E034 Felicia meclintic 211 ROYAL POINCIANA WAY 1.3 STREET ADDRESS STREET ADDRESS 211 Rayai Poinciario Palm Beach, FL 33480 PALM BEACH FL 33480 1.4 CITY-ST-ZIP TIRE DELETE 2.1 TITLE Change Addition MCCLINTIC, ALEXANDRA 2.2 NAME NAME Dorothy Mcclintic 211 Greymon Dr. 211 ROYAL POINCIANA WAY STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL 33480 2 4 CITY-ST-ZIP WPB FL 33405 CITY - ST - ZIP Change DELETE Addition Tille 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE TIBLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-S1-20 4 4 CITY - ST-ZIP DELETE Addition THEF 51 TITLE Change 5.2 NAME SPREET ADDRESS 5.3 STREET ADDRESS C/1Y - S1 - Z/6* 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP City - S1- 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 eath; 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jane 97

FILED

Apr 16 1997 8:00am

Secretary of State

Daytime Phone #