## 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 # P96000007425 (7)

THE PLACE TO BE INC.

500 N. CONGRESS AVE., #207

**WEST PALM BEACH FL 33401** 

Filincipal Flace of busiless	Malling Addres					
419 6TH STREET P.O. BOX 4467 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33402			DO NOT WRITE IN THIS SPACE			
			<ol><li>Date Incorporated or Qualified</li></ol>			
			01/22/1996			
2. Principal Place of Business	2a. Mailing Add	dress	4. FEI Number	Applied For		
21 439 14th Street	26		<b>65-063</b> 7070	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #	#, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23 West Palm Beach F1.3340	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33 40 7 25 F/.	Ζφ <b>29</b>	Country 30	This corporation owes or has paid the opersonal Property Tax due June 30.	urrent year Intangible		
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent			
ISRCII NATHANICI		81 Name	3			

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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

83 84 Street Address (P.O. Box Number is Not Acceptable)

agent. I a	m familiar with, and accept the obligations of, Section	on 607. <b>0505</b> , Florid	da Statutes.	, , , , , , , , , , , , , , , ,		
SIGNATURE	Signature, typed or profiled name of registered agent and tille if amplical	ble (NOTE-F	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	ISBELL, NATHANIEL		1.2 NAME			
STREET ADDRESS	500 N. CONGRESS AVE., #207		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE		☐ Change	Addition
NAME	Isbell, Nathaniel # 115		2.2 NAME			
STREET ADDRESS	500 N. Congress Ave 113		2.3 STREET ADDRESS			
CITY-ST-ZIP	Isbell, Nathaniel # 115 500 N. Congress Ave # 115 West Polm Bch. Fl. 33401		2. 4 CITY - ST - ZIP	<b>*</b> .		
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME		•	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
						- 1

14. Thereby 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, or on an attachment with an address.

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Zip Code