

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000017076 (6)

1. Corporation Name

PALM BEACH CONCIERGE, INC.



Principal Place of Business 2324 SOUTH CONGRESS AVENUE SUITE 2A WEST PALM BEACH FL 33406	Mailing Address 2324 SOUTH CONGRESS AVENUE SUITE 2A WEST PALM BEACH FL 33406
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5700 LAKE WORTH ROAD Suite, Apt. #, etc. 22 SUITE 311-5 City & State 23 LAKE WORTH, FL Zip 24 33463 Country 25 US		2a. Mailing Address 26 5700 LAKE WORTH ROAD Suite, Apt. #, etc. 27 SUITE 311-5 City & State 28 LAKE WORTH, FL Zip 29 33463 Country 30 US		3. Date Incorporated or Qualified 02/22/1996	4. FEI Number 65-0651065	Applied For Not Applicable
9. Name and Address of Current Registered Agent MORRIS, ELAYNE R.F. 2324 SOUTH CONGRESS AVENUE SUITE 2A WEST PALM BEACH FL 33406				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	5700 LAKE WORTH ROAD
83	SUITE 311-5
84 City	LAKE WORTH FL
85 Zip Code	33463

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, ELAYNE R.F. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ELAYNE R.F.	1.2 NAME	
STREET ADDRESS	2324 S CONGRESS AVE #2A	1.3 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 311
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: [Date]

CR2E034 (10/97)