


**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90046 021 \*\*\*150.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000020271</b> 1. Corporation Name <b>PALM BEACH BEEF &amp; ALE GARDEN CORP.</b>					
Principal Place of Business <b>7405 St. Andrews Road</b> <b>Lake Worth, Florida 33467</b>			Mailing Address <b>SAME</b>		
2. Principal Place of Business <b>21 SAME AS ABOVE</b> Suite, Apt. #, etc.		2a. Mailing Address <b>2a SAME AS ABOVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>March 5, 1996</b>	
22 City & State <b>23</b>		27 City & State <b>28</b>		4. FEI Number <b>65-0646636</b>	
24 Zip <b>25</b>		29 Zip <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Country <b>27</b>		30 Country <b>31</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CHRISTOPHER ORI</b> <b>7405 St. Andrews Road</b> <b>Lake Worth, Florida 33467</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>KERRY R. SCHWENCKE, Esquire</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1645 Palm Beach Lakes Boulevard</b> <b>83 Suite #720</b> <b>84 City</b> <b>West Palm Beach, FL</b> <b>85 Zip Code</b> <b>33401</b>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D <b>Christopher Ori</b> <input type="checkbox"/> DELETE NAME STREET ADDRESS <b>SAME AS ABOVE</b> CITY-ST-ZIP			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE S/T/DDANA ORI <input type="checkbox"/> DELETE NAME STREET ADDRESS <b>SAME AS ABOVE</b> CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other officers and directors.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #