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FILED

Apr 08 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 # P96000020634 (7)

1. Corporation Name  
FH OF PALM BEACH, INC.

Principal Place of Business  
251 SUNRISE  
PALM BEACH FL 33480

Mailing Address  
251 SUNRISE  
PALM BEACH FL 33480-3812



2. Principal Place of Business  
21 ~~BO MAANAN~~  
Suite, Apt. #, etc.  
22 251 SUNRISE AVE  
City & State  
23 Palm Beach, Florida  
Zip  
24 33480 Country  
25 U.S.A.

2a. Mailing Address  
26 P.O. Box # 1013  
Suite, Apt. #, etc.  
27  
City & State  
28 Palm Beach, Florida  
Zip  
29 33480 Country  
30 U.S.A.

3. Date Incorporated or Qualified  
03/06/1996  
3a. Date of Last Report  
4. FEI Number  
65-0653953  
Applied For  
Not Applicable  
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

9. Name and Address of Current Registered Agent

FAZIO, JAMES M  
1780 CLAIRE AVENUE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Heise, Allen W.  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~P.O. Box # 1013~~  
83 251 SUNRISE AVE  
84 City Palm Beach FL 85 Zip Code 33408

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 to 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	D	<input type="checkbox"/> DELETE
NAME	HEISE, ALLEN W	
STREET ADDRESS	1780 CLAIRE AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEISE, JAMES M	
STREET ADDRESS	1780 CLAIRE AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Heise, Allen W
13 STREET ADDRESS	<del>P.O. Box # 1013</del> 251 SUNRISE AVE
14 CITY - ST - ZIP	Palm Beach, FL. 33480
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Fazio, James M
23 STREET ADDRESS	<del>P.O. Box # 1013</del> 251 SUNRISE AVE.
24 CITY - ST - ZIP	Palm Beach, FL. 33480
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)