

2-27-98 B-5612-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27 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
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DOCUMENT # P96000020634 (7)

1. Corporation Name

FH OF PALM BEACH, INC.

Principal Place of Business

251 SUNRISE  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 1013  
PALM BEACH FL 33480  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 251 Sunrise Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 251 Sunrise Ave

Suite, Apt. #, etc.

City & State

23 Palm Beach, FL

City & State

28 Palm Beach, FL

Zip

24 33480

Country

25 Palm Beach

Zip

29 33480

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

HEISE, ALLEN W  
251 SUNRISE AVE  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HEISE, ALLEN N  
STREET ADDRESS 251 SUNRISE AVE  
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME HEISE, JAMES M  
STREET ADDRESS 251 SUNRISE AVE  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Fazio, James M.

2.3 STREET ADDRESS 251 Sunrise Ave.

2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

4/6/98

56-82-9777

CR2E034 (10/97)