

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90078 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000022845**

1. Corporation Name
THE 1525 FLAGLER CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD., STE. 720 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BLVD., STE. 720 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified 03/11/1996	4. FEI Number 65-0671345	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 105 SOUTH NARCISSE ST.	27 105 SOUTH NARCISSE ST.
Suite, Apt. #, etc. 22 602	Suite, Apt. #, etc. 27 602
City & State 23 W. P. B.	City & State 28 W. P. B.
Zip 24 33401	Country 25
Country 25	Zip 29 33401
Country 25	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWENCKE, KERRY R 1645 PALM BEACH LAKES BLVD., STE. 720 WEST PALM BEACH FL 33401	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]* DATE: **1/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWENCKE, KERRY R	1.2 NAME	NORMAN THOMAS
STREET ADDRESS	1645 PALM BEACH LAKES BLVD STE 720	1.3 STREET ADDRESS	105 SOUTH NARCISSE ST. #602
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY / TRAVELER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SUSAN THOMAS
STREET ADDRESS		2.3 STREET ADDRESS	105 SOUTH NARCISSE ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W. P. B., FLA. 33401
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/13/99** DAYTIME PHONE #: **561-1059-5554**

CR2E034 (1/98)