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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030150 (2)

BOURNEMOUTH HOLDINGS CORPORATION

Principal Place of Business	Mailing Address		
525 S. FLAGLER DR. UNIT 14-B	P.O. BOX 4511 W. PALM BEACH FL 33402		

FILED Jan 30 1998 8:00am Secretary of State



Sulle, Apt. #, etc. Sulle, Ap	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be Added to Fees Country S. This corporation owes or has paid the currer year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 17. 39 Street Address (P.O. Box Number is Not Acceptable) 17. 48 City Street Address (P.O. Box Number is Not Acceptable) 17. 49 City Street Address (P.O. Box Number is Not Acceptable) 18. The corporation submits this statement for the purpose of changing its registered destatutes. 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Address (P.O. Box Number is Not Acceptable) 19. Addition Street Addition Street Addition 19. Addition Stre		FL 33402	DO NOT WRITE IN THIS S 3. Date incorporated or Qualified 04/04/1996	
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired		SS	4. FE! Number 58-2232840	Applied For Not Applicable
Secretificate of Status Desired See Required City & State Secretificate of Status Desired See Required City & State See Required City & State See Required Country See State See S	8. Election Campaign Financing		etc.		
City & State Ci	Trust Fund Contribution			5. Certificate of Status Desired	* • · · · · · · · · · · · · · · · · · ·
25 Country 28 Country 29 Sold the currey year Intang Personal Property Tax due June 30.	Personal Property Tax due June 30.	City & State City & State			
## WEINSTEIN, WILLIAM 1617 N. FLAGLER DRIVE SUITE 2-A W. PALM BEACH FL 33407 11. Pursuant to the previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with and accept proper polygrations of section 607.0505. Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with and accept proper polygrations of section 607.0505. Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE NAME WEINSTEIN, WILLIAM 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 14. IT IN	10, Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		Country	1	
WEINSTEIN, WILLIAM 1617 N. FLAGLER DRIVE SUITE 2-A W. PALM BEACH FL 33407 11. Pursuant to the provisions of Sections 607 0502 and 607. 1505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rediffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accopt the appointment as registered agent, by pedice printed name of registered agent and the linguistance (NOTE Registered Agent signature required when rendating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE PST W. PALM BEACH FL 89401* 3 3409 DELETE 1.1 TITLE V. PALM BEACH FL 89401* 3 3409 DELETE 2.1 TITLE 2.2 NAME 2.3 SIRECT ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.3 SIRECT ADDRESS CITY-ST-ZIP DELETE 3.3 SIRECT ADDRESS CITY-ST-ZIP Change	81 Name B2 Street Address (P.O. Box Number is Not Acceptable)		30		<u> </u>
11. Pursuant to the previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the Statut of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statut of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent agent agent agent agent agent and the inapplicable (NOTE Registered Agent signature required when revisitery) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II ITITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1.2 NAME 1.3 SIREET ADDRESS CITY-ST-ZIP DELETE 2.1 ITITE AMAE 2.2 NAME 2.3 SIREET ADDRESS CITY-ST-ZIP DELETE 3.1 ITITE AMAE 3.2 NAME 3.3 SIREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change	In the above-named corporation submits this statement for the purpose of changing its registered thorized by the corporation's board of directors. I hereby accept the appointment as registered dot statutes.	1617 N. FLAGLER DRIVE NOTES	82 Street A 173 83 H 10	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes.	6.4 City-S1-7iP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELI DELI	4.4 CITY-ST-ZIP LETE 5.1 TITE 5.2 NAME 5.3 STHEF1 ADDRESS 5.4 CITY-ST-ZIP LETE 6.1 TITLE 6.2 NAME		