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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036602 (6)

THE DERBY OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08 1997 8:00am Secretary of State



S926 OKEECHOBEE BLVD WEST PALM BEACH FL 33417		5926 OKEECHOBEE BLVD WEST PALM BEACH FL 33417-4324					
					3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last R	eport 7AC
2. Principal P	lace of Business	2a, Mailing Address		# ECI Number	<del>-1</del>	plied For	
21		26		65-0669	17)   No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Serviced Fee Required		
City & State	θ	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip			Count	try			
24	25 29 30		30	Florida Statutes Yes No			
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, RIGOBERTO				81 Name			
	8 OKEECHOBEE BLVD ST PALM BEACH FL 33417		B	2 Street Add	t Address (P.O. Box Number is Not Acceptable)		
WES	SI PALM DEAUR PL 3341/		8	13			
			8	4 City		FI 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State of Florida Such change was	utos, the abo s authorized	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	, <del></del>	s registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607,0505, F	Florida Statut	es.	, ,	.,	
DIGNATORIE	Signature, typed or printed name of registered age	<u>``</u>	Olt: Rop stered /	lgont signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITU	E .		Change	Addition 3
NAME			1.2 NAM	E .			
STREET ADDRESS			1.3 STRE	ET ADDRESS			[
CITY-ST-ZIP				-S1-ZIP			
TITLE			2.1 T/TL	1		☐ Change	Addition C
NAME			2.2 NAME		w.		
STREET ADDRESS	1		2.3 STREET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELETE	3.1 T(T)			Change	Addition
NAME			3.2 NAM	1			1
STREET ADDRESS			1	ET ADDRESS			Ī
CITY-ST-ZIP		DELETE		(-\$1-ZIP		Change	Addition
TITLE			4.1 TITLE	]		Cuante	[_] Addition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DEŁETE	4.4 City 5.1 Titul	-ST-ZIP		Change	Addition
NAME		☐ precit	5.1 HTLI 5.2 NAM	, I		CHOUNTS	CT Vaniabili
STREET ADDRESS				E1 ADDRESS	•		
			2				
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY 6.1 T(TL)	- ST- ZIP		☐ Change	Addition
NAME			6.2 NAM				L'1 Vogition
				1			
STREET ADDRESS				ET ADDRESS			- 1
CITY-ST-ZIP		7 10 00 20 1	6.4 CITY	-ST-ZIP	d = 0 - d = 110 07(0)() [] - d = 0		

into mereby 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 eath; 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.