

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

**FILED**  
**Feb 12, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

02-12-1999 90015 023 \*\*\*\*150.00

**DOCUMENT # P96000038830**

1. Corporation Name  
**396 CORPORATION**



Principal Place of Business: **400 ROYAL PALM WAY 214 PALM BEACH FL 33480 US**  
 Mailing Address: **400 ROYAL PALM WAY 214 PALM BEACH FL 33480 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**

2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **05/02/1996**  
 4. FEI Number: **65-0677737** 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 the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**ALEXANDER, LARRY B**  
**505 SOUTH FLAGLER DRIVE, SUITE 1100**  
**WEST PALM BEACH FL 33401**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GAVIGAN, JAMES C	
STREET ADDRESS	1510 NORTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GAVIGAN, VALERIE	
STREET ADDRESS	1510 NORTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **1/25/99** DATE: **(561) 659-4973** DAYTIME PHONE #

CR2E034 (11/98)