Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90106 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600060715

1. Corporatio	ii Name				, I		
1128 RC	DYAL PALM, INC.						
					L ARBERTON MA COME BERN APPRI ABRE PARE OF	I a e riju er iju i a ar i	18 8 0 800 8 80 0
						(1. 1)())	
Principal Place of Business Mailing Address						I B BUKUL B B UK 1966	ilogi bili ibel
1128 ROYAL PALM BEACH BLVD 177 U.S. HIGHWAY ONE							
ROYAL PALM BEACH FL 33411 TEQUESTA FL 33469							
US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		ĺ
					07/19/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					65-0691438		t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27						Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28	<u> </u>		Trust Fund Contribution	Added t	o Fees
Zip	Country Zip		Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
KDA	SKER, PAUL A ESQ		181	Ivanie	•		
625 NORTH FLAGLER DRIVE				Street Ad	dress (P.O. Box Number is Not Acceptable)		
9TH FLOOR							
WEST PALM BEACH FL 33401			83	(
***	T FALM DEACH PE 35401		84	City		85 Zip C	ode
					F	Llli	
11. Pursuant	to the provisions of Sections 607,050;	≥ and 607.1508, Florida Statutes	s, the above	e-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as rec	registered
	m familiar with, and accept the obligat				mon a board of directors. Thereby accept the app	Ontinent as reg	Jistered
SIGNATURE							ļ
				gistered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS OELETE		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	CT DECETE	1.1 TITLE 1.2 NAME)		☐ Change	☐ Addition }
NAME	ALIANIELLO, JEFF			i	·		ł
STREET ADDRESS	177 U.S. HIGHWAY ONE		1.3 STREET ADDRESS				}
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CiTY-ST-ZIP		<u> </u>		
TITLE	S DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	GROSSMAN, RANDY		2.2 NAME		1		Ì
STREET ADDRESS				FADDRESS	-	•	İ
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		2.4 CITY-ST-ZIP				
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS)
CITY-ST-ZIP				T-ZIP			
TITLE	DELETE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			İ
City-ST-ZIP			4.4 CITY-ST	T-ZIP	•		}
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	-	•		ļ
STREET ADDRESS			5.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition

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 of the receiver of the corporation of the receiver or trustee empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #