

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

FILED

Jun 17 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #**  
1. Corporation Name

*Palm Beach Mat. Co., Inc.*  
*PC6000065616*

Principal Place of Business **PALM BEACH MAT CO., INC.**  
883 SO. MILITARY TR. SUITE C  
WEST PALM BEACH, FL 33415  
BUS. (561) 712-9222 • FAX (561) 712-9224

"AMENDED"

|                                |  |                        |  |   |  |   |  |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21 <i>Same</i>                 |  | 26 <i>Same</i>         |  | 8-5-96  |  | 4-97  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  | Applied For   |  |
| 23 City & State                |  | 28 City & State        |  | 65-0688342  |  | Not Applicable  |  |
| 24 Zip                         |  | 29 Country             |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required  |  |
| 25                             |  | 30                     |  | X   |  | 5.00 May Be Added to Fees   |  |
| 26                             |  | 31                     |  | 6. Election Campaign Financing  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| 27                             |  | 32                     |  | Trust Fund Contribution   |  | X Yes <input type="checkbox"/> No   |  |
| 28                             |  | 33                     |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | X Yes <input type="checkbox"/> No   |  |
| 29                             |  | 34                     |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | X Yes <input type="checkbox"/> No   |  |
| 30                             |  | 35                     |  | 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent  |  |

*Sydia Tucker*  
*2037 E. Carol Cr.*  
*W.P. Beach Fl. 33415*

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 *Sydia Tucker* *Sydia Tucker* 6-12-97.  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 11 TITLE  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 12 NAME   | <i>PRESIDENT</i>  |
| STREET ADDRESS             |                                 | 13 STREET ADDRESS                                     | <i>JON B. TUCKER</i>  |
| CITY-ST-ZIP                |                                 | 14 CITY-ST-ZIP  | <i>2037 E. CAROL CR.</i>  |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 22 NAME   | <i>VICE-PRESIDENT</i>   |
| STREET ADDRESS             |                                 | 23 STREET ADDRESS                                     | <i>Sydia Tucker</i>   |
| CITY-ST-ZIP                |                                 | 24 CITY-ST-ZIP  | <i>2037 E. CAROL CR.</i>  |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 32 NAME   | <i>W.P. Beach Fl. 33415</i>   |
| STREET ADDRESS             |                                 | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 42 NAME   |   |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 52 NAME   |   |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 62 NAME   |   |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 64 CITY-ST-ZIP  |   |

14. I do 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.

SIGNATURE: *Sydia Tucker* *Sydia Tucker* 6-12-97. (561) 712-9222  
Signature and typed or printed name of signing officer or director Date Daytime Phone #