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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600066823 (1)

CORVETTE COLLECTION OF PALM BEACH, INC.

20423 STATE ROAD 7 SUITE 427	20423 STATE ROAD 7 SUITE 427		·
BOCA RATON FL 33498	80CA RATON FL 33498-674	7	
			3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
Shite And # etc	Suito Apt # oto		65069/312 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State 23	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 25	29 3	ю.	Florida Statutes 🔀 Yes 🗌 No
9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent
ALEXANDER, PAUL		81 Name	
20423 STATE ROAD 7 SUITE 427		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33498		83	
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 r	and 607 1508. Florida Statutes	the shove-pamed corn	poration submits this statement for the purpose of changing its registered
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 Signature, typed or punted name of registered agents	and the if applicable INO3E F	Registered Agent signature require	red when reinstating! DATE
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
тин 7	DELETE	1.1 TITLE	Change Addition
NAME Jason, Alexander STREET ADDRESS 20423 SAL Rd7 #427		1.2 NAME	
STREET ADDRESS 20423 State Rd 7 #427	<b>^</b> =	1.3 STREET ADDRESS	•
CITY-ST-ZIP Bern Roten, FC 334"	18	1.4 CITY - ST - ZIP	
TITLE	L_J DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADURESS		2.3 STREET ADDRESS	!
CITY-ST-ZIP	☐ DELETE	2.4 CITY - ST - ZIP	Change
TITLE NAME	[ ] Officia	3.1 TITLE	Change Addition
STREET ADDRESS		3.2 NAME	
CHY-ST-ZIP		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME	_	4. 2 NAME	Name of the U.S. of the Control of t
STREET ADDRESS		4.3 STREET ADDRESS	
CITY+S1-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CHY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CHY-S1-ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied vinformation indicated on this arinual report or suc	with this filing does not qualify to splemental annual report is true	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the time same legal effect as if made under oath; that
Lam 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.			