Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90008 028 \*\*\*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 # P96000066823

1. Corporation Name

CORVETTE COLLECTION OF PALM REACH, INC.

OOME	TE COLLECTION OF TAKEN	DENOTE INTO								
Principal Place	e of Business	Mailing Address		• • • • • • • • • • • • • • • • • • • •		I ISBIIGAI IIB IBIIS GIISI GESII I	1816 8810 8801		1 10110 11	1840 1111 1041
20423 STATE R SUITE 427 BOCA RATON F		20423 STATE ROAD 7 SUITE 427 BOCA RATON FL 33498			:	DO NOT WE		S SPACE	<u>:</u>	_
						08/08/1996			1 4	lind For
2. Principal Place of Business		2a. Mailing Address				4, FEI Number		Applied For Not Applicable		
21		Suite, Apt. #, etc.				65-0691332		\$8		ditional
Suite, Apt		27			•••	5. Certifcate of Status Desired		Fe	e Req	uired
City & State	e	City & State				6. Election Campaign Financing			.00 N ded to	May Be
23		28	Country			Trust Fund Contribution			geo to	rees
Zip	Country	Zip		y		<ol><li>This corporation owes the cu Personal Property Tax.</li></ol>	rrent year ii	Yes	. ,	□No
24	9. Name and Address of Curren		30		<del></del>	10. Name and Address of New	Registered	<i>_</i> /-\	•	
	9. Name and Address of Curren	t Kegistered Agent	81	Name		10.				
ΔIFX	KANDER, PAUL			ļ						
	23 STATE ROAD 7		82	Stree	t Addres	ss (P.O. Box Number is Not Accep	itable)			
	E 427		83	3						
	A RATON FL 33498							<del></del>		
			. 84	City			FI	85	Zip C	oae
	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Silich change was alli	INOTIZEN DV	the con	poration	i's board of directors. I hereby acc	ept the app	ointment:	as reg	istered
SIGNATURE	m familiar with, and accept the obligations of registered ager	tions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505	Registered Age	5.		when rainstating)	DATE			
SIGNATURE	m familiar with, and accept the obligation of registered ager OFFICERS AN	tions of, Section 607.0505, Florid	da Statutes	5.			DATE		СТО	
SIGNATURE  12.  TITLE  NAME	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered ager OFFICERS AN P JASON ALEXANDER	at and title if applicable.  (NOTE: FID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	S.	e required v	when rainstating)	DATE	ND DIRE	СТО	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	m familiar with, and accept the obligation of FICERS AN P JASON ALEXANDER 20423 STATE RD. 7 #427	at and title if applicable.  (NOTE: FID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature	e required v	when rainstating)	DATE	ND DIRE	СТО	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered ager OFFICERS AN P JASON ALEXANDER	at and title if applicable.  (NOTE: FID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature	e required v	when rainstating)	DATE	ND DIRE	ECTOF ange	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE	m familiar with, and accept the obligation of FICERS AN P JASON ALEXANDER 20423 STATE RD. 7 #427	it and title if applicable. (NOTE: FID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	s.  ent signature  ET ADDRESS  ST-ZIP	e required v	when rainstating)	DATE	ND DIRE □ Cha	ECTOF ange	R\$ IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	m familiar with, and accept the obligation of FICERS AN P JASON ALEXANDER 20423 STATE RD. 7 #427	it and title if applicable. (NOTE: FID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	s.  T ADDRESS  ST-ZIP	s required v	when rainstating)	DATE	ND DIRE □ Cha	ECTOF ange	RS IN 12
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SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	m familiar with, and accept the obligation of FICERS AN P JASON ALEXANDER 20423 STATE RD. 7 #427	it and title if applicable. (NOTE: FID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	et address st-zip et address st-zip et address st-zip	s required v	when rainstating)	DATE	ND DIRE	ECTOF ange	R\$ IN 12 Addition Addition
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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.

6.4 CITY-ST-ZIP



CITY-ST-7IP