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Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069463 (3)

1. Corporation Name

WEST PALM BEACH HEATWAVE INCORPORATED

Principal Place of Business

2215 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 6339
WEST PALM BEACH FL 33405-6339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 4380

4. FEI Number

65-0693071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Boca Raton, FL

Zip

Country

Zip

Country

24

25

29

33429

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRK, WILLIAM N
101 GREYMAN DRIVE
WEST PALM BEACH FL 33405

81 Name

William N. Kirk

82 Street Address (P.O. Box Number is Not Acceptable)

1738 Costa Del Sol

83

84 City

Boca Raton

FL

85 Zip Code

33432

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

William N. Kirk, Executive Vice President

1/18/97

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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