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FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085608 (3)

1. Corporation Name

BEST FRIENDS OF PALM BEACH, INC.

Principal Place of Business

1890 CORSICA DRIVE  
WELLINGTON FL 33414

Mailing Address

1890 CORSICA DRIVE  
WELLINGTON FL 33414-1070



3. Date Incorporated or Qualified

10/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0709173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OGLESBY, ROBERT E  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 1400  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name BERT KURLAND  
82 Street Address (P.O. Box Number is Not Acceptable)  
1890 CORSICA DR  
83  
84 City WELLINGTON FL 85 Zip Code 33414

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 printed name of registered agent and filed applicable

BERT KURLAND

(NOTE: Registered Agent signature required when reappointing)

DATE 2-10-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KURLAND, BERT  
STREET ADDRESS 1890 CORSICA DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D  
NAME KURLAND, DIANA  
STREET ADDRESS 1890 CORSICA DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D  
NAME KRESGE, KENNETH  
STREET ADDRESS 1890 CORSICA DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D  
NAME KRESGE, MARILYN  
STREET ADDRESS 1890 CORSICA DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

CR2E034 (9/96)