

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 # **P96000085608**

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**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90135 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 17105 GULF PINE CIRCLE

2a. Mailing Address

26 17105 GULF PINE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WELLINGTON FL

City & State

28 WELLINGTON FL

Zip

Country

24 33414

25 PALM BEACH

Zip

Country

29 33414

30 PALM BEACH

9. Name and Address of Current Registered Agent

**KURLAND, BERT
1890 CORSICA DRIVE
SUITE 1400
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name

BERT KURLAND

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

17105 GULF PINE CIRCLE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **BERT KURLAND**
1.3 STREET ADDRESS **17105 GULF PINE CIRCLE**
1.4 CITY-ST-ZIP **WELLINGTON FL 33414**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DIANA KURLAND**
2.3 STREET ADDRESS **17105 GULF PINE CIRCLE**
2.4 CITY-ST-ZIP **WELLINGTON FL 33414**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **KENNETH KRESGE**
3.3 STREET ADDRESS **17105 GULF PINE CIRCLE**
3.4 CITY-ST-ZIP **WELLINGTON FL 33414**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **MARILYN KRESGE**
4.3 STREET ADDRESS **17105 GULF PINE CIRCLE**
4.4 CITY-ST-ZIP **WELLINGTON FL 33414**

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 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.

SIGNATURE:

Bert Kurland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/99

Daytime Phone #

562-7933915

CR2E034 (11/98)