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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P96000100870** 

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90174 006 \*\*\*150.00

| DUNWAL  | LEASE, ING.  |                          |                |   |
|---|--|--------------------------|----------------|---|
| Principal Place   | e of Business Mailing Address  |                          |                | T (301/99) (50 10) 0 Sitt Only Only Only Dail Dail Only Only Only Only Only Only Only Onl |
| 222 LAKEVIEW AVENUE 222 LAKEVIEW AVENUE   |  |                          |                |   |
| SUITE 160-152 SUITE 160-152   |  |                          |                |   |
| WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401   |  |                          |                | DO NOT WRITE IN THIS SPACE  |
|   | ( AHM: Cregory E.  | Young                    | )              | 3. Date Incorporated or Qualifed 12/13/1996   |
| Principal Place of Business     Za. Mailing Address   |  |                          |                | 4. FEI Number Applied For   |
| 21 26   |  |                          |                | 59-3422067 Not Applicable   |
| Suite, Apt. #, etc.   |  |                          |                | 5. Certificate of Status Desired  \$8.75 Additional                                       |
| 27  |  |                          |                | 5. Certificate of Status Desired Fee Required   |
| City & State City & State   |  |                          |                | 6. Election Campaign Financing \$5.00 May Be  |
| 23 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20   |  |                          |                | Trust Fund Contribution Added to Fees   |
| Zip Country Zip Country 22 30   |  |                          |                | 8. This corporation owes the current year Intangible Personal Property Tax.               |
| 24  | 25   29   3<br>9. Name and Address of Current Registered Agent   | 30                       |                | 10. Name and Address of New Registered Agent  |
|   | 3. Hains and Address of Content traffstered Agent  | 81                       | Name           | 101   |
| YOU   | ING, GREGORY E   | 82                       |                |   |
| 250 ROYAL PALM WAY  |  |                          | Street /       | Address (P.O. Box Number is Not Acceptable)   |
| STE   |  | 83                       |                |   |
| PALI  | M BEACH FL 33840   |                          |                |   |
|   |  | 84                       | City           | FL 85 Zip Code  |
| 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 |  |                          |                |   |
| 01013/11/01/12  | organization, typed of printed frame of regions and agent and  | -                        | t signature re | equired when reinstating) DATE  |
| 12.   | OFFICERS AND DIRECTORS  DELETE   | 13.                      |                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                        |
| TATLE   |  | 1.1 TITLE                |                | orange  |
| NAMÉ  | YOUNG, GREGORY E   |                          |                |   |
| STREET ADDRESS  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                          | ADDRESS        |   |
| CITY-ST-ZIP   | PALM BEACH FL  | 14 CITY-ST-ZiP           |                | X 1 Change Addition   |
| ππ.E  | ) Ui —   | 2.1 TITLE                |                |   |
| NAME  | ERNULL, MICHAEL  22 NA  4 DIRECT SPANKONIA AC EDIEDEN CEDASSE #E   |                          | +0000000       | GERULL, MICHAEL   |
| STREET ADDRESS  | NO DIRECTI, THE WATER THE PARTY OF THE PARTY |                          | ADDRESS .      |   |
| CITY-ST-ZIP   | WURZBURG GE  | 2.4 CITY-ST-ZIP          |                | Change Addition   |
| TITLE   | · - ·  |                          |                | •   |
| NAME  | SCOTT, MARK S  | V                        | 4000000        | c/ W. L. Com 110 / First Union Traver #   |
| STREET ADDRESS  | %-HOIL-& PARTNER, INC, SIXTY STATE ST #700-\$>   | 3.3 STREET               | ADUKESS        | 200 5 ( air 2 2 1 1/4 2 1 32R   |
| CITY-ST-ZIP   | <del>-BOSTON MA '</del> T □ DELETE   | 3.4. CITY-S<br>4.1 TITLE | 1-211          | % White & Case, U.P. // First Usion Tower # 200 S. Biscagne Bankun // Miani Pl 343        |
| TITLE   |  | 4.1 III.LE               |                | ,   |
| NAME  | Bormann, Elmar<br>  %Direkt, Frankonia, ag, Frieden Strasse #5   |                          | ADDDCCC        |   |
| STREET ADDRESS  |  | 4.3 STREET               |                |   |
| CITY-ST-ZIP   | WURZBURG GE  | 4.4 CITY-S1<br>5.1 TITLE | - ZIP          | ☐ Change ☐ Addition   |
| TITLE   | ) Selete   | 5.1 IIILE<br>5.2 NAME    |                |   |
| NAME  |  | 5.3 STREET               | ADDRESS        |   |
| STREET ADDRESS  |  | 5.4 CITY-ST              |                |   |
| CITY-ST-ZIP   | DELETE   | 6.1 TITLE                | 4.11           | ☐ Change ☐ Addition   |
| TITLE   | December 1   | 6.2 NAME                 |                |   |
| NAME  |  | 6.3 STREET               | ADDRESS        |   |
| STREET ADDRESS  | 1  |                          |                |   |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/20/99 Date

Daytime Phone #

≣ ; :

561-833-7700