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

Mailing Address

330 CLEMATIS ST

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

WEST PALM BEACH FL 33401

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103370

330 CLEMATIS ST

Principal Place of Business

WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

THE REMBRANDT COMPANY OF PALM BEACH, INC.

23		28					Trust Furia C	OHUIDUUOH		Aude	u lo rees
Zip	Country	Zip		Country		8.	This corporat	tion owes the cu	rrent year Inta		
4	25	29	30				Personal Pro	<u> </u>		∐Yes	□No
	9. Name and Address of Current F	Registered Agent		81		10.	Name and A	ddress of New	Registered A	Agent	
CIACOMELLI EDANCIC C					Name						
GIACOMELLI, FRANCIS C					Street A	ddress (F	O. Box Numb	per is Not Accep	table)		
330 CLEMATIS ST						<u> </u>					
SUITE 103											ļ
WEST	T PALM BEACH FL 33401			84	City					85 Zij	p Code
				1 1			;		<u>FL</u>		·
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 ar	nd title if applicable	(NOTE: Regi	stered Agen	t signature re	quired when I	reinstating)		DATE		
12.	OFFICERS AND		, <u>.</u>	13.				HANGES TO O	FFICERS ANI	D DIBECT	TORS IN 12
TITLE	D		DELETE	11 TITLE	T	8086	DENT			Chang	
NAME	GIACOMELLI, FRANCIS C			1.2 NAME		SIAC	CMEU	IL FRAN	icis c.		
STREET ADDRESS	2655 N OCEAN DRIVE #300			1.3 STREET	ADDRESS	330	ciema	its et.	, suite	103	
CITY-ST-ZIP	SINGER ISLAND FL 33404			1.4 CITY-\$1		WES	T PAUM	BOULF	し, 334	101	
TITLE	The state of the s		DELETE	2.1 TITLE				*-		☐ Chang	e 🔲 Addition
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRESS						
CITY-ST-ZIP			ĺ	2. 4 CITY-S	T-ZIP			•			
TITLE			DELETE	3.1 TITLE					· · · · ·	[] Chang	e 🔲 Addition
NAME				3.2 NAME						•	
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				-		
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CITY-ST-ZIP				44 CITY-S	F-ZIP						
TITLE			DELETÉ	5.1 TITLE						Chang	e 🔲 Addition
NAME				5.2 NAME					•	-	
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-S1	r-zip		<u> </u>	<u>. </u>			
TITLE			DELETE	6.1 TITLE						☐ Chang	e
NAME	•			6.2 NAME				•			
STREET ADDRESS				6.3 STREET	ADDRESS						
	1/	7		6.4 CITY-S	T-ZIP						
14. I hereby condicated conficer or confic	ertify that the information supplied with on this annual report or supplied with director of the corporation or the seceive or Block 13 if changed, or on all attachm	this filing does not negative the structure of trustee empo- ment with an address	t qualify for the e and accurate wered to execu ess, with all oth	e exempti and that ute this re er like er	on stated t my signa eport as re npowered	in Section sture shall equired by I.	n 119.07(3)(i), I have the sam y Chapter 607	Florida Statutes ne legal effect as Florida Statute	if made under s; and that m	tify that ther oath; they name ap	e information at I am an opears in

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

03-01-1999 90067 039 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

820-9199

Not Applicable

12/26/1996

65-0714252

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number