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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

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PALM BEACH OFFSHORE CLUB, INC.

14. Thereby certify that the information applied with indicated on this annual report of supplemental a officer or director of the corporation or the receive Block 12 or Block 13 if changed, with an attacking

Mailing Address Principal Place of Business POST OFFICE BOX 14066 POST OFFICE BOX 14066 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. Zip Country Zip Country Personal Property Tax due June 30, 24 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address TALLAHASSEE FL-32301-2525 named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provision office or registered accagent. I am familiar wit SIGNATURE gistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE ORLANDO, RICHARD L 1.2 NAME NAME **POST OFFICE BOX 14066** STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL 33408 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustoe empowered to keep the this report as required by Chapter 607, Florida Statutes; and that my name appears in