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PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000014695**

. Corporation Name

PALM BEACH HOMEBUYERS, INC.

Principal Place	of Business	Mailing Address					
931 VILLAGE BLVD.		931 VILLAGE BLVD.			-		
SUITE 905-427		SUITE 905-427 WEST PALM BEACH FL 33409		DO NOT WRITE IN T	HIS SPACE		
WEST PALM BEACH FL 33409				3. Date Incorporated or Qualifed			
					02/14/1997		
2. Principal Pla	and of Business	2a. Mailing Address			4. FEI Number	An	polied For
 ,	ace of Busiliess	26			65-0740595	<u> </u>	ot Applicable
Suite, Apt. #	t etc	Suite, Apt. #, etc.				\$8.75	Additional
22	r, etc.	27			5. Certifcate of Status Desired	Fee Re	equired
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.	Yes	No
1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
1 ' ' ' ' '	OZSKI, ROBERT P		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1	VILLAGE BLVD.					25 ec + 152 a + 2 + 2 + 444 f	4 (2 - 7 t) (4 - 7 t) (4 - 7 t) 5 (2 - 7 t) (4 - 7 t) (5 - 7 t)
	E 905-427		83	3			
WE2	T PALM BEACH FL 33409		84	4 City		85 Zip	Code
			- 1	,		FL "	
				<u> </u>			rogistered
. ∴ office or re	arietorod agont or both in the State	of Fiorida, Such change was au	Julionzea D	y lite corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered egistered
office or re agent. I ar	to the provisions of Sections 607.050 gistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was autions of, Section 607.0505, Flor	rida Statute	s.	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered egistered
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14. Thereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF STOWING OFFICER OR DIRECTOR

2/1/99 (SJ) 478-7675

Dayline Phone #

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90006 042 ***150.00

CR2E034 (11/98)