


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

FILED

May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000014953 (8)**

1. Corporation Name

**PALM BEACH WOODCRAFTERS, INC.**

Principal Place of Business

**312 LAKE CIRCLE  
NO PALM BEACH FL 33408**

Mailing Address

**312 LAKE CIRCLE  
NO PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/14/1997**

4. FEI Number

**Not Applicable**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

**312 Lake Circle**

Suite, Apt. #, etc.

**22**

City & State

**North Palm Bch FL**

**23**

Zip

**33408**

Country

**Palm Bch**

2a. Mailing Address

**312 Lake Circle**

Suite, Apt. #, etc.

**27**

City & State

**No. Palm Beach FL**

**28**

Zip

**33408**

Country

**Palm Bch**

9. Name and Address of Current Registered Agent

**HAYLETT, BARTLEY R**

**312 LAKE CIRCLE**

**NO PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**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

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

**PTD**

☐ DELETE

NAME

**HAYLETT, BARTLEY R**

STREET ADDRESS

**312 LAKE CIRCLE**

CITY-ST-ZIP

**NO PALM BEACH FL 33408**

TITLE

**VSD**

☒ DELETE

NAME

**POLLARD, WILLIAM F**

STREET ADDRESS

**312 LAKE CIRCLE**

CITY-ST-ZIP

**NO PALM BEACH FL 33408**

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

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NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE:

*Bartley R. Haylett*

4/15/98 561 841 9391

CR2E034 (10/97)