

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90036 047 ***158.75

DOCUMENT # **P97000017142**

1. Corporation Name

PALM BEACH SOFTWARE, INC.



Principal Place of Business

**105 NORTH COUNTY ROAD
PALM BEACH FL 33480**

Mailing Address

**105 NORTH COUNTY ROAD
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0792894

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**LEBEDEKER, MICHAEL D
711 N. FLAGLER DRIVE
WEST PALM BEACH FL 33401**

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 **P** ☐ DELETE

NAME **LEIBERMAN, KEVIN**
STREET ADDRESS **105 NORTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **ST** ☐ DELETE

NAME **GREEN, PETER A**
STREET ADDRESS **105 NORTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition



PALM BEACH POLICE DEPARTMENT

Report All Suspicious Activity

*Please change the
spelling of Peter's
last name. IT IS GREENE.*

Thanks

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

In any Emergency Police - Fire - Medical Call 9-1-1

Non-Emergency (561) 833-5454 TIPS Line (561) 833-4728

certify that the information under oath; that I am an
my name appears in

561-833-0555
Daytime Phone #

CR2E034 (11/98)