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

DOCUMENT # P97000018091

1. Corporation Name

PALM GARDENS DEVELOPMENT, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90198 045 ***150.00

	· · · · · · · · · · · · · · · · · · ·								
Principal Place	of Business	Mailing Address							
120 W GLADES BOCA RATON I		120 W GLADES ROAD BOCA RATON FL 33432				_ DO NOT WRITE IN TH	IIS SPACE		
وستعصيصت	de la constante de la constan					3. Date Incorporated or Qualifed			7
ļ						02/26/1997			ļ
2 Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			1
21	1200 01 200300	26]			65-0755795	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Required	
22 City & Stat		City & State	City & State			a Flatin Compine Financia			1
City & State		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	<u> </u>			8. This corporation owes the current year Intangible			
24	25 29 30		30	<u> </u>		Personal Property Tax. Yes No			-
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Register	ed Agent		-
DODUM A CHURDIN DA				81	Name				
POPKIN & SHURPIN, P.A. 2499 GLADES ROAD			ŀ	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			1
	E 114 A RATON FL 33431		83						
1	• •		\ \	1	City		L 1	p 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								<u> </u>	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12] :
TITLE	D	☐ DELETE	1,1 TIT	Ί£			☐ Chang	e Addition	
NAME	HOWELL, MICHAEL J		1,2 NA	ME	ľ				1:
STREET ADDRESS	120 W GLADES ROAD		13 STI	REET AI	DDRESS				1
CITY-ST-ZIP	BOCA RATON FL 33432			TY-ST-Z					П
TITLE	200,7121101772 30102	☐ DELETE	2.1 TIT				☐ Chang	e Addition] {
NAME	`	_	2.2 NA		- 1				ļ
STREET ADORESS			2.3 ST	REET A	DDRESS				
CITY-ST-ZIP			2, <u>4 C</u> F	TY-ST-	ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TIT	LE.		•	☐ Chang	e Addition	
NAME			3.2 NA	ME					
STREET ADDRESS	•		3,3 ST	REETA	DDRESS				
CITY-ST-ZIP				TY-ST-	ZIP		Chann	Addition	}
TITLE .		☐ DELETE	4.1 111				Chang	e	1
NAME			4. 2 NA		200500				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5,1 TIT	TY-\$T-2	ZIP		☐ Chang	e Addition	1
) TITLE			5.1 M				والمدادة		
NAME .				-	DDRESS				
STREET ADDRESS CITY+ST-ZIP			TY-ST-Z					1	
JIII-01-40									٦ .

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 if 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 truttle 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 attagraphent with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

The state of the s

QUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition