

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

FILED  
Apr 23 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 # **P97000018543 (3)**

1. Corporation Name

**THE WRIGHT SOURCE OF PALM BEACH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>131 ORCHARD RIDGE LN BOCA RATON FL 33431</b>		Mailing Address <b>131 ORCHARD RIDGE LN BOCA RATON FL 33431</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>		<b>29</b>	
<b>30</b>			

**3. Date Incorporated or Qualified**

**02/24/1997**

**4. FEI Number**

**65-0727401**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.**

☒

Yes

☐

No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WRIGHT, KERWIN  
131 ORCHARD RIDGE LN.  
BOCA RATON FL 33431**

**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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b>	<b>1.1</b> TITLE	
NAME	<b>WRIGHT, SHELLEY</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>131 ORCHARD RIDGE LN.</b>	<b>1.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33431</b>	<b>1.4</b> CITY - ST - ZIP	
TITLE	<b>D</b>	<b>2.1</b> TITLE	
NAME	<b>WRIGHT, KERWIN</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>131 ORCHARD RIDGE LN.</b>	<b>2.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33431</b>	<b>2.4</b> CITY - ST - ZIP	
TITLE		<b>3.1</b> TITLE	
NAME		<b>3.2</b> NAME	
STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>3.4</b> CITY - ST - ZIP	
TITLE		<b>4.1</b> TITLE	
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>4.4</b> CITY - ST - ZIP	
TITLE		<b>5.1</b> TITLE	
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>5.4</b> CITY - ST - ZIP	
TITLE		<b>6.1</b> TITLE	
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>6.4</b> 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:

*Kerwin Wright*

KERWIN WRIGHT

2/26/98

561-7509582

CR2E034 (10/97)