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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000029083 (7)

P.B. COMPLETE LUXURY PROPERTY SERVICES, INC.

4584 CHERRY ROAD 4584 CHERRY ROAD W. PALM BEACH FL 33417 W. PALM BEACH FL 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1997 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Źφ Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCOWN, WILLIAM W 4584 CHERRY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) W. PALM BEACH FL 33417 83 84 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 Horida. 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change ■ DELETE 1.1 TITLE TITLE MCCOWN, WILLIAM W 1.2 NAME NAME 4584 CHERRY ROAD STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL 33417 1.4 CHTY-ST-ZIP CITY-ST-ZIP Addition DELETE Change D 2.1 TITLE TITLE MCCOWN, PATRICIA S 2.2 NAM6 NAME 4584 CHERRY ROAD STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL 33417 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIF Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

64 CHY-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 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 original properties of the open powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or I m an altachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

13/0/08 27/8372810

Change

Change

Addition

Addition

**FILED** 

Apr 01 1998 8:00am

Secretary of State