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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P97000037194**

1. Corporation Name
IMMIGRATION SERVICES OF THE PALM BEACHES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3361 NBELVEDERE ROAD SUITE A WEST PALM BEACH FL 33406	3361 NBELVEDERE ROAD SUITE A WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified 04/24/1997		
4. FEI Number 65-0748740	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 2501 Bristol Drive	26 Same
Suite, Apt. #, etc. 22 B-12	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach	City & State 28
Zip 24 33409	Country 25 Palm Beach
Country 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOK, JAMES W SR 3361 BELVEDERE RD STE A W PALM BCH FL 33406	81 Name James W. Cook, Sr. 82 Street Address (P.O. Box Number is Not Acceptable) 2501 Bristol Drive Suite B-12 83 84 City West Palm Beach FL 85 Zip Code 33409

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 *James W. Cook, Sr.* DATE **4-28-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES W SR	1.2 NAME	
STREET ADDRESS	3361 BELVEDERE RD, STE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33406	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	Cook, James W. SR	2.3 STREET ADDRESS	
CITY-ST-ZIP	2501 Bristol Dr. Suite B-12	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	West Palm Beach, FL 33409		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James W. Cook, Sr.* DATE: **4-10-98** 561 471 9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)