

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90001 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000041658

1. Corporation Name
PALM BEACH REALTY INVESTORS, INC.



Principal Place of Business
2050 MANSFIELD STREET
SUITE 1112
MONTREAL, QUEBEC, CANADA H3A -1Y9

Mailing Address
2050 MANSFIELD STREET
SUITE 1112
MONTREAL, QUEBEC, CANADA H3A -1Y9

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1997

4. FEI Number
65-0754735

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 1002 SHERBROOKE ST. W.
Suite, Apt. #, etc.

2a. Mailing Address
26 1002 SHERBROOKE ST. W.
Suite, Apt. #, etc.

22 SUITE 2625
City & State

27 SUITE 2625
City & State

23 MONTREAL, QUEBEC
Zip Country

28 MONTREAL, QUEBEC
Zip Country

24 H3A 3L6 25 CANADA

29 H3A 3L6 30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYERS, ALEXANDER
2121 NORTH OCEAN BLVD
APARTMENT 1007E
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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYERS, ALEXANDER	
STREET ADDRESS	2121 N OCEAN BLVD, APT 1007E	
CITY-ST-ZIP	BOCA RATON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYERS, LORNE	
STREET ADDRESS	2050 MANSFIELD ST, STE 1112	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A -1Y9	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARTNER, MICHAEL	
STREET ADDRESS	2050 MANSFIELD ST, STE 1112	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A -1Y9	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1002 SHERBROOKE ST. W., SUITE 2625
2.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A 3L6
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1002 SHERBROOKE ST. W., SUITE 2625
3.4 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3A 3L6
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE MICHAEL GARTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17/99

514-845-0241

Date

Daytime Phone #

CR2E034 (11/98)