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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700050438 (5)

| 1. Corporation | on Name D ESTATE | | J000304 | 00 (0) | | | | | | | |
|---|--|---|--|--|-----------------------------|--------------------|----------|---|------------|------------|------------------|
| 57.7.18 | | | | | | | | | | | H (E) FULLEN |
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 125 CHATEAU DR 125 CHATEAU DR PALM BEACH FL 33480 PALM BEACH FL 33480 | | | | | | | | | | | |
| PALM BEACH FL 33480 PALM BEACH FL 33480 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| ļ | | | | | | | | 3. Date Incorporated or Qualific | | | |
|] | | | | | | | | 06/06/1997 | | | |
| 2. Principal F | Place of Busin | ness | 2a. Mailin | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | | 26 | 26 | | | | 65-0175505 | | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, | Suite, Apt. #, etc. | | | | & Cadilliants of Otatus Desired | | \$8.7 | 5 Additional |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired | | Fee | Required |
| City & Stat | te | | City 8 | City & State | | | | 6. Election Campaign Financing | | \$5.0 | 00 May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | | Add | ed to Fees |
| Zip | Country | | Zip | Las ' | | Country | | 8. This corporation owes or has | | | |
| 24 | | 25 | [29] | | 30 | | | Personal Property Tax due J | | Yes | No |
| | | | urrent Registered | agent | 81 | Name | | 10. Name and Address of New | Hegistere | ed Agent | |
| DUFRESNE, DONALD P 400 AUSTRALIAN AVE S | | | | | | INATIO | | | | | |
| | N AUSTRAL H FLOOR | IAN AVE O | | | | | Addres | ss (P.O. Box Number is Not Accep | table) | | |
| | | DEACH EL SSANA | 1 | | | | | | | | |
| WEST PALM BEACH FL 33401 | | | | | | | | | | | |
| | | | | | | Cily | | | F | 85 Z | ip Code |
| 11 Pursuani | to the provis | ions of Sections 60 | 7 0502 and 607 150 | 8 Florida Statutes | the above | e-named | corpor | ration submits this statement for th | - | | a its registered |
| agent. La | registered ag am f a miliar wi | ient, or both, in the th, and accept the | State of Florida, Suc obligations of, Section | th change was au on 607.0505, Flori | thorized by ida Statute: | y the corp s. | poratio | ration submits this statement for th n's board of directors. I hereby ac | cept the a | ppointment | as registered |
| SIGNATURE | Signature, typed | or printed name of register | red agent and tille it applica | ble. (NOTE: | flegislered Apo | on sionaturo | required | when reinstating) | DATE | | |
| 12. | | | S AND DIRECTORS | <u>_</u> | 13. | <u>-</u> | | ADDITIONS/CHANGES TO OF | | | ORS IN 12 |
| THILE | D | | | DELETE | 1.1 THTLE | | T | | | ☐ Chang | ge Addition |
| NAME SCHLAGER, JUDITH | | | | İ | | 1.2 NAME | | | | | |
| STREET ADDRESS 125 EL MIRASOL | | | | 1 | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM B | EACH FL 33480 | | | 1.4 CITY - S | 1-7IP | 1 | | | | |
| TITLE | D | | | DELETÉ | 2.1 TITLE | | | | | ☐ Chang | je Addition |
| NAME | ROSENBERG, BAYLIE | | | 2 | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | 2.3 | | | | | | | |
| CITY-ST-ZIP | | EACH FL 33480 | | · para | 2. 4 CITY - 8 | ST-ZIP | <u> </u> | | | | |
| TITLE | DPT | | OF 6 | DELETE | 3 1 TITLE | | | : | i | Chang | je 🔲 Addition |
| NAME | | BER, S. LAWREN | UE S | | 3.2 NAME | | | | | | |
| STREET ADORESS | | MIRASOL | | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | EACH FL 33480 | | DOLLAR | 3.4. CITY-5 | ST - 71P | | | | | |
| TITLE | DVS | SEDO MADANI D | ם | DELETE | 4.1 TITLE | | | | | L Chang | e L. Addition |
| NAME | | Berg, Marvin D Teau dr | n. | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | EACH FL 33480 | | | 4.3 STREET | | | | | | |
| CITY-ST-ZIP | FALM B | EAUT FL 33460 | | DOUGE | 4.4 CITY-S | 1-7IP | | | | 7.5 | e Baance |
| TITLE | | | | DELETE | 5.1 TITLE | | | | | Chang | e Addition |
| NAME OTOTEX ADDRESO | | | | | 5.2 NAME | IBAGETT | | | | | |
| STREET ADDRESS | | | | | 5.3 STREET | | | | | | |
| CITY-ST-ZIP | - | | | DELFTE | 5.4 CITY - S | 1-21P | | | | Chang | e 🔲 Addition |
| TITLE | | | | PIDECTIE | 6.1 TOLE | | | | | LJ GIRANG | e L. Adordon |
| NAME CIRCI ADDOCCO | | | | | 6.2 NAME | 1000000 | | | | | |
| | | | | | 6.3 STREET | | | | | | |
| CITY-ST-ZIP | L | | | | 6.4 CITY-S | 1- ZIP | | | | | |

14. Thereby 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 supplicemental aim val report is true and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the corporation or the receiver if trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 johanged, or on an attachment with an address.

561-655-2717

FILED

Jan 20 1998 8:00am

Secretary of State