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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra S. Moriham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000064994 (1) 1. Corporation Name: FIRST PALM BEACH ENTERPRISES, INC.			
Principal Place of Business 1555 PALM BEACH LAKES BLVD 5TH FL STE.1555 W. PALM BEACH FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD 5TH FL STE.1555 W. PALM BEACH FL 33401	
2. Principal Place of Business 21 Suite, Apt., etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt., etc. 27 City & State 28 Zip 29 Country	
3. Name and Address of Current Registered Agent LOMAX, DENNIS 1555 PALM BEACH LAKES BLVD. 15TH FLOOR, SUITE 1550 W. PALM BEACH FL 33401		4. Date incorporated or Qualification 07/28/1997 4. FFI Number 65-0769343 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code		DO NOT WRITE IN THIS SPACE 9. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), Florida Statutes, the above-named corporation certifies 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 607.05(5), Florida Statutes.			
SIGNATURE _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information submitted with this document 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 statement of information 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; and that I am authorized 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 both, and will, unless otherwise noted.		15. I hereby certify that the information submitted with this document 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 statement of information 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; and that I am authorized 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 both, and will, unless otherwise noted.	
SIGNATURE: _____		4/28/99	

CR2E034 (10/97)