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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sale DIVISION OF CORPORATION

1998 DOCUMENT #

P97000069476 (4)

PRICE ENTERPRISES OF PALM BEACH COUNTY INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1998 8:00am Secretary of State



5697 LEE DRIVE WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-011 8054 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRICE, HERMAN 5697 LEE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33415** 63 84 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change PRICE, HERMAN NAME 1.2 NAME CR2E034 5697 LEE DRIVE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 1.4 City - ST - ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CATY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6 2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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.

SIGNATURE: