

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-27-1999 90005 043 ***150.00

DOCUMENT # P97000076452

1. Corporation Name

PROFESSIONAL CLUB MAKERS OF THE PALM BEACHES, IN
C.



Principal Place of Business

5700 PLEECJPBEE B:VD
STE 34
WEST PALM BEACH FL 33417
US

Mailing Address

5700 OKEECHOBEE BLVD.. STORE #4
STE 34
WEST PALM BEACH FL 33417
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0778926

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 5700 OKEECHOBEE BLVD

2a. Mailing Address

26 5700 OKEECHOBEE BLVD

Suite, Apt. #, etc.

22 STORE #34

Suite, Apt. #, etc.

27 STORE #34

City & State

23 WEST PALM Bch, FL

City & State

28 WEST PALM Bch, FL

Zip

24 33417

Country

25 PALM Bch

Zip

29 33417

Country

30 PALM Bch

9. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

SHERRY L. DIGIOVANNI

82 Street Address (P.O. Box Number is Not Acceptable)

1721 BREAKERS WEST BLVD.

83

WEST PALM BEACH,

84 City

FL

85 Zip Code

33411-1800

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

Sherry L. DiGiovanni

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CASSIA J
STREET ADDRESS 1721 BREAKERS W BLVD
CITY-ST-ZIP WPB FL 33414

TITLE VP ☐ DELETE

NAME DIGIOVANNI, S
STREET ADDRESS 1721 BREAKERS WEST BLVD
CITY-ST-ZIP WPB FL 33414

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT - OWNER

☒ Change

☐ Addition

1.2 NAME

SHERRY L. DIGIOVANNI

1.3 STREET ADDRESS

1721 BREAKERS WEST BLVD.

1.4 CITY-ST-ZIP

WEST PALM Bch, FL 33411-1800

☐ Change

☐ Addition

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

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Sherry L. DiGiovanni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/99 (561) 616-026

Daytime Phone #

0576394

CR2E034 (11/98)