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**

DOCUMENT # P97000103740

1. Corporation Name

PRIVATE TRUST CORP.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90106 009 ***150.00



Principal Place of Business Mailing Address										UII	
11911 U.S. HIGHWAY ONE STE. 201 P.O. BOX 33301											
NORTH PALM BEACH FL 33408 PALM BEACH GARDENS FL				33420-3301			DO NOT WRITE IN T	IIS SPAC	: F		
						3	Date Incorporated or Qualifed				
						"	12/09/1997				
2. Principal Place of Business 2a. Malling Address							FEI Number		App	lied For	
21 26							NOT APPLICABLE		Not	Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					_	Certificate of Status Desired			dditional	
22 27						3.	Continuate of change beauty	F	ee Rec	uired	
City & State City & State							Election Campaign Financing		5.00 h		
23 28				Country			Trust Fund Contribution		dded to	Fees	
<u> </u>						8.	. This corporation owes the current year	Intangible ☐ Ye		l ⊒No Ì	į
24	25		30			10	Personal Property Tax. Name and Address of New Register				
	9. Name and Address of Curren	Registered Agent		81	Name	10	. Name and Address of New Neglater	ou rigem			
TAY	LOR, LUTHER M		ļ				144-1				Į
11911 U.S. HIGHWAY ONE STE. 201				82	Street Addres	ss (1	P.O. Box Number is Not Acceptable)			ļ	i
NORTH PALM BEACH FL 33408			1	B3							i
			L	_							1
			1	B4	City		F	L 85	Zip C	ode	l
11 Pursuant	to the provisions of Sections 607.050	and 607.1508. Florida Statute	s, the abo	OVE	-named corpor	ratio	n submits this statement for the purpose	of chang	ing its r	egistered	l
l office or a	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	itnonzea i	Dy ī	tne corporation	ı's b	oard of directors. I hereby accept the ap	pointmen	t as reg	stered	l
_	in laminar with, and accept the conga-	10115 01, Georgia 007.0000, Flori	iou olului	.00.							l
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A	gent	t signature required v	when	reinstating) DATE				1
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	D	☐ DELETE	1,1 TITL	E				Пс	hange	☐ Addition	3
NAME	_ · · · - · · · - ·			1.2 NAME							1
STREET ADDRESS 11911 U.S. HIGHWAY ONE STE. 201				1.3 STREET ADDRESS							ļ
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NAME			3.2 NAME							l	
STREET ADDRESS				3.3 STREET ADDRESS							l
CITY-ST-ZIP	5121		_	3.4. CITY-ST-ZIP				ГТО	hange	Addition	l
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NAME		☐ DELETE	4.1 TITL					_			ļ
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1		☐ DELETE	4. 2 NA/ 4.3 STR 4.4 CIT) 5.1 TITL	ve Eet (-St E				_	hange	Addition	
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NAME		_	4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NA/	ME (-ST E ME (EET (-ST	ADDRESS				hange	Addition	

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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS