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 # P97000104684

HISTORIC REDEVELOPMENT CORPORATION

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90056 034 ***150.00



Mailing Address Principal Place of Business 340 ROYAL PALM WAY, SUITE 100 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1997 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0805701 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing .\$5.00_May-Be-Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year-intangible Zip Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PILOTTE, FRANK T 82 Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480 83 84 85 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE Change 1.1 TITLE TITLE 1.2 NAME ISABEL, SANDRA M NAME 3435 LAKE WORTH RD. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 14 CITY-ST-ZIP CITY-ST-ZIP ☐/Addition Change ☐ DELETE 21 TITLE TITLE President James Summer Draperand 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Poly Book FL 33405 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 3.1 TITLE Disposi 3.2 NAME NAME Worker 140 3.3 STREET ADDRESS STREET ADDRE 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

CR2E034 (11/98