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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 14 1998 8:00am

Secretary of State

## DOCUMENT # 1. Corporation Name P97000107456 (0)

Block 12 or Block 13 if changed, or on an attachment with an address

(561) LUXURY PROPERTIES, INC.

Principal Place of Business Mailing Address % FORD % FORD P.O. BOX 30993 P.O. BOX 30993 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 3. Date Incorporated or Qualified 12/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23  $\square$ Trust Fund Contribution Added to Fees Zip  $Z_{\Phi}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FORD, CLARE C C/O FORD 82 Street Address (P.O. Box Number is Not Acceptable) 1203 SILVERLEAF OAK CT 83 PALM BEACH GARDENS FL 33410 City 85 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 agont, 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE resident Change Addition President clare c. Ford NAME 1.2 NAME Silver leaf Oat CT. 1203 Silverlest OAK CT 33410 Palm Beach Gordens DOLLTE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CHY-ST-7IP EU 33410 TITLE 2.1 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DETEAE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE Change 5.1 TIME Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - 2(P DOLETE TITLE 6.1 TITLE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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