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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90101 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010604

1. Corporation Name

21ST STREET CORPORATION

Principal Place of Business

2399 S SHORE DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

2399 S SHORE DRIVE
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

65-0230440

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
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23
Zip

Country

24
Country

City & State

28
Zip

Country

29
Country

9. Name and Address of Current Registered Agent

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
WILSON, C. RUSSELL
2399 S SHORE DRIVE
PALM BEACH GARDENS FL 33410
☐ DELETE
1.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE
1.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE
1.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE
1.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE
1.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-STATE-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-STATE-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-STATE-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-STATE-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-STATE-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-STATE-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:

C. RUSSELL WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/6/99

Date

561 822 4207

Daytime Phone #

CR2E034 (11/98)