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 # **P98000045595**

1. Corporation Name

PALM BEACH MORTGAGE & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
621 P STREET WEST PALM BEACH FL 33401	621 P STREET WEST PALM BEACH FL 33401

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90052 032 ***150.00



P STREET 621 P STREET TO PALM BEACH FL 33401 WEST PALM BEACH FL 33401		DO NOT WRITE IN	THIS SPACE			
				3. Date Incorporated or Qualifed 05/20/1998		
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 8364141	_ _ _	lied For Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac Fee Req	3
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•
Zip Country 24 25	Zip 30	Country	_	This corporation owes the current ye Personal Property Tax.		□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
		81	Name			1
FALSIA, JOSEPH J III 621 P STREET		82 Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401		83				
		84	City		FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above		pration submits this statement for the purpo	se of changing its r	egistered
l effice or registered agent or both in the State of	of Florida. Such change was auth	onzea ov	tine corporation	n's board of directors. I hereby accept the	appointment as reg	istered
agent. I am familiar with, and accept the obligati	ions of, Section 607.0505, Fibrida	a Statutes	•			{
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	beriuper erutsingia t	when reinstating) DA	ITE	-,
12. OFFICERS AND		13.	_	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	
TITLE President	☐ DELETE	1.1 TITLE	79	rebident	☐ Change	Addition
NAME DOWN IN THE	aball	1.2 NAME	P	amletta Mitchell		
STREET ADDRESS 62 D	3 KE 11	1.3 STREET	ADDRESS (6	al P Street	E 44	.1-1
CITY-ST-ZIP WEOT PAIM BEE	ich FL 33401	1.4 CITY-S	r-ZIP	est Palm Beach	<u>_+L 33</u>	401
TITLE	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME -		2.2 NAME				
STREET ADDRESS		2.3 STREET	ADDRESS			
CITY-ST-ZIP		2. 4 CITY- S	T-ZIP			1
TITLE	· DELETE	3.1 TITLE				
NAME			+		☐ Change	☐ Addition
STREET ADDRESS		3.2 NAME			☐ Change	☐ Addition
			FADDRESS		☐ Change	Addition
1		3.2 NAME			☐ Change	Addition
CITY-ST-ZIP	☐ DELETE	3.2 NAME 3.3 STREET			☐ Change	Addition
CITY-ST-ZIP	☐ DELETE	3.2 NAME 3.3 STREET 3.4. CITY-S				
CITY-ST-ZIP TITLE	DELETE	3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME				
CITY-ST-ZIP TITLE NAME	☐ DELETE	3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		3.2 NAME 3.3 STREE: 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE: 5.1 TITLE 5.2 NAME 5.3 STREE: 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ DELETE	3.2 NAME 3.3 STREE: 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE: 5.1 TITLE 5.2 NAME 5.3 STREE: 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	☐ DELETE	3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	Addition

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 on 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.