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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90058 030 ***150.00

DOCUMENT # P9800051545 1. Corporation Name P9800051545						
THE OF	FICE HUB OF THE PALM B	EACHES, INC.				
Principal Plac	e of Business	Mailing Address	· · · <u> </u>	A THE THE STATE OF	ht Mither symme magne min	iái £iin isbi
426 LAMANCHA	A AVF	426 LAMANCHA AVE.		<u> </u>		
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 334			11	DO NOT WRITE IN THE	S SPACE	
J				3. Date Incorporated or Qualified		
{			•	06/08/1998		[_
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Appli	ied For
21		25		65-0848559	Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 M	ay Be
23		28		Trust Fund Contribution	of bebbA	Fees
Zip	Country	Zip .	Country	8. This corporation owes the current year to	mtangible	√No
24	25	39 3	<u> </u>	Personal Property Tax. 10. Name and Address of New Registerer		5No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Hame and Address of New Registration	n Afferit	
500	OBITSKY, MAUREEN 8					
	LAMANCHA AVE.	•	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AL PALM BEACH FL 33411		83			
,					1=1 = 5	
Į			84 City	FI	_ 85 <i>Z</i> ip Co	oe <u> </u>
11, Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes.	the above-named corp	oration submits this statement for the purpose of	of changing its re	gistered
office or i	registered agent, or both, in the State	of Florida. Such change was aut	norized by the corporation	on's board of directors. I hereby accept the appoint	oiniment as régis	stered E
office or a	registered agent, or both, in the State am familiar with, and accept the obliga-	of Fiorida. Such change was authations of, Section 607.0505, Florid	norized by the corporational statutes.	on's board of directors. I hereby accept the appoint	ointment as regis	stered E
office or in agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was autrations of, Section 607.0505, Florid	norized by the corporation a Statutes.	of when remaining)	Olimilatik as regis	
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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 of 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.