

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 # P98000076599

1. Corporation Name

PALM BEACH INVESTMENT GROUP, INC.

Principal Place of Business

1395 WOOD ROW WAY  
WELLINGTON FL 33414

Mailing Address

1395 WOOD ROW WAY  
WELLINGTON FL 33414

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90097 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

65-0869678

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 12765 W. FOREST HILL BLVD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 12765 W. FOREST HILL BLVD  
Suite, Apt. #, etc.

22 SUITE 1313

27 SUITE 1313

City & State

23 WELLINGTON, FL

City & State

28 WELLINGTON, FL

Zip

24 33414

Country

25 PALM BEACH

Zip

29 33414

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

MIRKIN, MARK H ESQ  
C/O MIRKIN & WOLF, P.A.  
1700 PALM BEACH BLVD., #580  
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME SHUDA, MICHAEL D  
STREET ADDRESS 1395 WOOD ROW WAY  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ DELETE

NAME HIND, ANDREW W  
STREET ADDRESS SOUTHLINGS FARM BARN, MAIN STREET  
CITY-ST-ZIP WESTFIELD, EAST SUSSEX PC ENGLAND

TITLE ☐ DELETE

NAME SHUDA, STEPHEN J  
STREET ADDRESS 13547 STAMFORD DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE

NAME MCGHEE, JENNIFER L  
STREET ADDRESS 1355 WOOD ROW WAY  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE

NAME MCGHEE, JAMES  
STREET ADDRESS 515 WATERWAY VILLAGE COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☒ DELETE

NAME BALLARD, GREGORY M  
STREET ADDRESS 1037 WHIRLAWAY DRIVE T  
CITY-ST-ZIP UNION KY 10913

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME TAYLOR, ROBERT  
13 STREET ADDRESS 533 LILLIAN DR  
14 CITY-ST-ZIP MADEIRA BEACH, FL 33708

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN J SHUDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

561-790-6210

Daytime Phone #

CR2E034 (11/98)