Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90101 028 ***150.00

2003	FOR	PROFIT CORPORATION
JNIFO	RM B	SUSINESS REPORT (UBR

P98000087567

DOCUMENT #

1. Entity Name



G.S.M. O	F PALM BEACH, INC.						
4000 OKEECHOBEE BLVD. 4000		Mailing Address 4000 OKEECHOBEE BLVI WEST PALM BEACH FL :					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0888363 Applied For Not Applicable	_ e		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	_		
	ر الله المستواد المستود		Name		-		
BASTIN, F	RICHARD E		Street Ad	ddress (P.O. Box Number is Not Acceptable)	_		
486 MARII	ner drive			Juliusa (io., Box Mainley is Mot Accoptable)			
JUPITER F	FL 33477						
•			City	FL Zip Code	_		
1.51	8-	<u> </u>			_		
	e named entity submits this statement tions of registered agent.	tor the purpose of changing its	s registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E: Registered Agent signature	ure required when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	1		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-		
TITLE	P	☐ Delete	TITLE	Change Addition	n		
NAME	BASTIN, RICHARD E		NAME		ļ		
STREET ADDRESS	486 MARINER DR		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP				
TITLE	VST	☐ Delete	TITLE	☐ Change ☐ Addition	1		
NAME	BASTIN, MARY L		NAME CERTE ADDRESS				
STREET ADDRESS CITY-ST-ZIP	486 MARINER DR JUPITER FL 33477		STREET ADDRESS CITY-ST-ZIP				
	JULIER LE 20411			Change C Addition	_		
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition	١		
STREET ADDRESS	المناف المتحديدين المتحدث	الى ئادىكى رائىيىدىدىيى سىرى ت	- STREET ADDRESS	The state of the s	1		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	1		
NAME			NAME		ļ		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	_		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	١		
NAME CONSET ADDRESS	·		NAME OTREET + DRIPEOS	,	Ì		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete		CT Channe CT Addition	\dashv		
NAME		∟J Délete	TITLE !	Change Addition			
STREET ADDRESS	_		STREET ADDRESS				
OUT . CT . TIG	i		I		ſ		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SZANATURZ CZCUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5616896363

CR2E034 (10/02)