FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

JUPITER FL 33458

SUITE 100

1851 W INDIANTOWN RD

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1851 W. INDIANTOWN RD.

SUITE 100

US

JUPITER FL 33458



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S11346

PALM BEACH JUPITER CORPORATION

Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0228410 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Country 8. This corporation owes the current year Intangible Zip 🔏 Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SANFORD JR, JOHN S. 82 Street Address (P.O. Box Number is Not Acceptable) % PLANNING DESIGNS, INC. 1851 W INDIANTOWN RD., SUITE 100 83 JUPITER FL 33485 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 11 TITLE TITLE 1.20 OKUDA, FUMIYO 1.2 NAME NAME 1.3 STREET ADDRESS 320 E 39TH ST STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 21 TITLE ☐ Change TITLE 2.2 NAME SANFORD, JOHN NAME 1851 W. INDIANTOWN RD., #100 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Ju<u>piter f</u>l CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP . Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

with all other like empowered

SIGNATURE:

14. I hereby certify that the information s indicatéd on this annual report or sup officer or director of the corporation of Block 12 or Block 13 if changed, or

CITY-ST-ZIP

LUNKEU

polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information beginning 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 the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Jan 28, 1999 8:00 am

Secretary of State

01-28-1999 90022 015 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/05/1990

CR2E034 (11/98)