

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28979** (0)

1. Corporation Name

RIPLEY & CO. OF PALM BEACHES, INC.



Principal Place of Business

**636 E ATLANTIC AVE., #108
P.O. BOX 1049
DELRAY BEACH FL 33447-1049
US**

Mailing Address

**636 E ATLANTIC AVE., #108
P.O. BOX 1049
DELRAY BEACH FL 33487-1049
US**

3. Date Incorporated or Qualified
11/09/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 235 N. Federal Hwy

26 235 N. Federal Hwy

4. FEI Number

65-0224177

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Delray Beach FL

28 Delray Beach FL

Zip

Country

Zip

Country

24 33483

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SURACE, DAVID L.
3501 WATERVIEW CIRCLE
PALM SPRINGS FL 33461**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **RIPLEY, RAE LEE**
STREET ADDRESS **630 EAST ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **HARRIGAN, MARILYN**
STREET ADDRESS **4474 WALDEN CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Marilyn Harrigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Harrigan

Date

4/26/96 (407) 272-7455

Daytime Phone #

CR2E034 (12/95)