

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 # **S31542 (1)**

1. Corporation Name
PALM BEACH LADY, INC.



Principal Place of Business: **660 LINTON BOULEVARD SUITE 104 DELRAY BEACH FL 33444**
Mailing Address: **660 LINTON BOULEVARD SUITE 104 DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified: **02/13/1991**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, PETER
660 LINTON BLVD., #105
SUITE 104
DELRAY BEACH FL 33444**

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: _____ DATE: _____
Signature typed or printed name of registered agent and filed April 1st. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D |
| STREET ADDRESS | D'ADDIO, WILLIAM |
| CITY-ST-ZIP | 660 LINTON BLVD. S-104 DELRAY BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 500001781509 |
| 4.3 STREET ADDRESS | -04/16/96--01019--015 |
| 4.4 CITY-ST-ZIP | ***200.00 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 of Block 12 of Block 12 or on an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM H. D'ADDIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

[Handwritten initials]
4-15-96