**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Warris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## Feb 26, 1999 8:00 am Secretary of State

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LA PALMA RESTORATION CORP. Principal Place of Business Mailing Address 116 ALHAMBRA CIRCLE 116 ALHAMBRA CIRCLE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/26/1991 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0294018 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5: Certificate of Status Desired Fee Required 22 \$5:00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year intangible Country Zip □No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WILSON, LYNN 116 ALHAMBRA CIRCLE BZ CORAL GABLES, FL. 33134 B3 Street Address (P.O. Box Number is Not Acceptable) 5151 PINETREE DRIVE MAMI BEACH FL 33 140 85 Zip Cods 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 Signature, typed or printed name of registered agent and tale if applie CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change DELETE 1,1 TITLE TITLE 1.2 NAME WILSON, LYNN NAME 116 ALHAMBAL CIPCLE 1.3 STREET ADDRESS SEST-PINE TREE DR STREET ADDRESS COPAL GABLES, FL. 33134 MIANTE BEACH FL 03140 14 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TO F TIME 22 HAME SPOHRER, B.F. 4201 COLLING AVE# 1003 NAME 23 STREET ACCRESS SAGA PINE TREE OR. MIAMI BEACH, FL. 33140 Change STREET ADDRES 2.4 CITY-ST-ZIP MANIFOEAST FE 33140 CITY ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORES: STREET ADDRESS 4.4 CITY- 5T-ZIP CITY-ST-ZIP Addition ☐ DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZW Change ☐ Addition 617ITLE ☐ OELETE TITLE 6.2 NAME NAME **63 STREET ADORESS** STREET ADDRESS 64 CTY-ST-ZP

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 ceth; 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

SIGNATURE: