

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S69819 (8)

1. Corporation Name  
SIGHTS & SOUNDS OF PALM BEACH, INC.

Principal Place of Business

1200 SO CONGRESS  
W PALM BCH FL 33405  
US

Mailing Address

3546 SO OCEAN BLVD  
APT 220  
SO PALM BCH FL 33480  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1991

4. FEI Number

65-0277596

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FILINGS INC  
3732 NW 18TH ST  
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name LAWRENCE SHANKMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3546 S. Ocean Blvd. Apt 220  
83  
84 City S Palm Bch FL 85 Zip Code 33480

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 *Lawrence Shankman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SHANKMAN, BETTY  
STREET ADDRESS 3546 S OCEAN BLVD #220  
CITY-ST-ZIP S PALM BEACH FL

TITLE D  
NAME SHANKMAN, LAWRENCE  
STREET ADDRESS 3546 S OCEAN BLVD #220  
CITY-ST-ZIP S PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 *Lawrence Shankman*

7/27/98

131-3545

CR2E034 (5/98)

Florida Department of State.

July 27/58

(2)

Enclosed please find check  
for filing corporate name.

I had never to my knowledge received the  
first notice. and assumed the fee  
was year to year as originally incorporated.  
I spoke to a gentleman at your office  
this A.M. and he suggested that I  
mail this letter immediately

Lawrence Chantman