

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S83633** (5)
1. Corporation Name
PALM BEACH EXECUTIVE PLAZA, INC.

Principal Place of Business
**4 LACOSTA CIR
WEST PALM BEACH FL 33401**

Mailing Address
**4 LACOSTA CIR
WEST PALM BEACH FL 33401**

97 SEP 12 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/27/1991 | 3a. Date of Last Report 04/30/1996 |
| 4. FEI Number 65-0297690 | Applied for <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 3300 PGA Boulevard Suite, Apt. #, etc. 22 Suite 620 City & State 23 Palm Beach Gardens, FL Zip 24 33410-2811 | 2a. Mailing Address 26 3300 PGA Boulevard Suite, Apt. #, etc. 27 Suite 620 City & State 28 Palm Beach Gardens, FL Zip 29 33410-2811 |
|---|--|

9. Name and Address of Current Registered Agent

**MCINTOSH, ROBERT H.
4 LACOSTA CIR
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name John White II, Esq. |
| 82 Street Address (P.O. Box Number is Not Acceptable) Nason, Yeager, Gerson, White & Lioce, P.A. |
| 83 1645 Palm Beach Lakes Blvd., Suite 1200 |
| 84 City West Palm Beach |
| 85 Zip Code FL 33401 |

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 *John White II* DATE **9.9.97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MCINTOSH, ROBERT H | | 1.2 NAME Jennifer Shakespeare | |
| STREET ADDRESS 4 LACOSTA CIR | | 1.3 STREET ADDRESS 49 Beasley Drive | |
| CITY-ST-ZIP WEST PALM BEACH FL | | 1.4 CITY-ST-ZIP Richmond Hill, Ontario L4C 7Z6, Canada | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE D/VP/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MCINTOSH, MARCIA A | | 2.2 NAME Paul Shakespeare | |
| STREET ADDRESS 4 LACOSTA CIR | | 2.3 STREET ADDRESS 49 Beasley Drive | |
| CITY-ST-ZIP WEST PALM BEACH FL | | 2.4 CITY-ST-ZIP Richmond Hill, Ontario L4C 7Z6, Canada | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE VP/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME Robert A. McIntosh | |
| STREET ADDRESS | | 3.3 STREET ADDRESS 3300 PGA Boulevard, Suite 620 | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410-2811 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE 400002294734--1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS -09/16/97--01079--006 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP ****558.75 ****558.75 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 *John White II* September 4, 1997

CR2E034 (4/97)