

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V08850 (2)

1. Corporation Name

AWARDS CENTER OF PALM BEACH INC.



Principal Place of Business

Mailing Address

6250 N. MILITARY TRAIL
SUITE 104
W. PALM BEACH FL 33407
US

6250 N. MILITARY TRAIL
SUITE 104
W. PALM BEACH FL 33407
US

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0311741

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YETTITO, VINCENT R.
2547 LACRISTAL COURT
PALM BEACH GARDEN FL 33410

81 Name

GOLDBERG, ELLIS

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

14637 FLAMINGO DR.

83

84 City

LOXAHATCHEE

FL

85 Zip Code

33420

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

Ellis Goldberg

Signature typed in print of officer or director and filed if applicable

ELLIS GOLDBERG

(NOTE: Registered Agent signature required when reinstating)

6/10/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VP
ELLIS, GOLDBERG
STREET ADDRESS
14637 FLAMINGO DR
CITY-STATE-ZIP
LOXAHATCHEE FL

TITLE ☒ DELETE

NAME
S
YETTITO, JUDITH A
STREET ADDRESS
2547 LACRISTAL CIR
CITY-STATE-ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
T
GOLDBERG, BONNIE A.
STREET ADDRESS
14637 FLAMINGO DR
CITY-STATE-ZIP
LOXAHATCHEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ellis Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

Date

407-881-9221

Phone

CR2E034 (3/96)