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FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V19811

(1)

1. Corporation Name

THE PALM BEACH FAX COMPANY



Principal Place of Business

Mailing Address

3200 N. FEDERAL HWY
SUITE 206-16
BOCA RATON FL 33431
US

3200 N. FEDERAL HWY
206-16
BOCA RATON FL 33431-6035
US

2. Principal Place of Business

21 4127 Palm Forest Dr. S.

Suite, Apt. #, etc.

22 Delray Beach FL

City & State

23 ~~Delray~~

City & State

24 33445

Zip

Country

25 USA

2a. Mailing Address

26 4127 Palm Forest Dr. S.

Suite, Apt. #, etc.

27 Delray Beach FL

City & State

28 ~~Delray~~

City & State

29 33445

Zip

Country

30 USA

3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

02/01/1996

4. FEI Number

65-0334690

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

9. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S. ESQUIRE
MICHELSON AND ZIPPIN P.A.
7101 WEST MCNAB ROAD-SUITE 200
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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

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 ROMAN, CARY
STREET ADDRESS 3200 N. FEDERAL HWY 206-16
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Roman, Cary
1.3 STREET ADDRESS 4127 Palm Forest Dr. S.
1.4 CITY-ST-ZIP Delray Beach FL 33445

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cary Roman

1-15-97

Date

637-4490

Daytime Phone #

CR2E034 (9/96)