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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporatio	n Name	U (7)			
f '	O OF PALM BEACH, INC.	, ,			
				F (\$ 60) \$11010 Araka 1100f (810) (6141 Aca) (<u> </u>
Principal Plac	e of Business	Mailing Address			libia Mider Mibil Mibil dibit maber idas
204 BRAZILIAN AVENUE		204 BRAZILIAN AVENUE			
SUITE 218 PALM BEACH FL 33480		SUITE 218 PALM BEACH FL 33480		DO NOT WRITE IN THIS SPACE	
PALM BEAUT	1 FL 33480	FALM DERVIT FL 33400		3. Date Incorporated or Qualified	
				06/11/1992	}
2. Principal P	Place of Business	2a. Mailing Address	- 	4. FEI Number	Applied For
21		26		65-0345539	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		27 Cdv 8 Stote	···		Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25		10	Personal Property Tax due June 3	
	9. Name and Address of Currer	nt Registered Agent	81 Name.	10. Name and Address of New Regi	stered Agent
ROSS, VINCENT C.			K	oss VINCENT C.	
201 SANFORD AVENUE			82 Street Add	JIESS (F.C. DOX NUMBER IS NOT ACCEPTABLE	1218
PALM BEACH FL 33480			83	DRAZILIAN AUG	F 2 18
ļ					
				gen BEACH	FL 85 Zip Code 33 780
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the				poration submits this statement for the pur- lion's board of directors. Thereby accept	pose of changing its registered the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.					
SIGNATURE Signature: typest or product name of regularized apport and lattle 6 applicable. (NOTE Registured Apont signature required which reinstating) DATE ONTE					
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE	7,557,70,70,70,70,70,70	Change Addition
NAME	ROSS, VINCENT C.		1.2 NAME		
STREET ADDRESS	201 SANFORD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP		}
TITLE	D	☐ DELETE	2.1 TITLE	- - 11	Change Addition
NAME	ROSS, CAROLYN H		2.2 NAME		
STREET ADDRESS	201 SANFORD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		i
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY+ST+ZIP 4.1 TITLE		Change Addition
NAME	(LJ OFFICE	4. 2 NAME		Charge Li Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-7iP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		 -	5.2 NAME		_ • • • • • • • • • • • • • • • • • • •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied wilt indicated on this annual report or supplied wilt officer or director of the corporation or it. It does Block 12 or Block 13 if changed at or any stact this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in pal report is due and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an or in trustee amount of execution is report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 08 1998 8:00am

Secretary of State