**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # VGIQ Q 1, Corporation Name PALM BEACH JUB/ PLV/, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 16120 112mo Dr. NO. /6120 12200 Dr.NO. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be FC FL. JUPITER JULITER Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible 25 PALM BRAGH 29 30 PALM BEACH Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VENEZIA 6 EORGE VENE ZIA Street Address (P.O. Box Number is Not Acceptable) 16120 122 no DR. NO. , FC. 33478 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 6 EOLGE VEYEZ14 (4) SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rehalating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change PRO/. VENEZIA NAME 1.2 NAME GEORGE ILLMON. NO. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE VENEZIA NAME 2.2 NAME 122 NO OR, NO. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addylion TITLE 5.1 TITLE M NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 3-*1*(1 CITY - ST - ZIP 5.4 CITY - ST - ZIP 90000245285**G**Change DELETE Addition TITLE 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 filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under eath; that I are 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.

-03/10/98--01084--024

\*\*\*150.00

NAME

STREET ADDRESS