

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V09570

**Entity Name:** 4755 WEST ATLANTIC CORPORATION

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

**FEI Number:** 65-0318895

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAPES, PAUL  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name METZ, JOHN C  
Address 8008 SOUTH FLAGLER COURT  
City-State-Zip: W. PALM BEACH FL 33405

Title T  
Name MAPES, PAUL  
Address 1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
City-State-Zip: WEST PALM BEACH FL 33406

Title SD  
Name ASARCH, GAIL M  
Address 1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name MEYER, SYDELLE  
Address 1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
City-State-Zip: WEST PALM BEACH FL 33406

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL M. ASARCH

**SECRETARY**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date