

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000097102 (3)**  
 1. Corporation Name  
**PALM BEACH TRADING ENTERPRISES, INC.**



Principal Place of Business <b>350 ROYAL POINCIANA PLAZE STE 5C PALM BEACH FL 33480</b>	Mailing Address <b>350 ROYAL POINCIANA PLAZE STE 5C PALM BEACH FL 33480</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/25/1996</b>	4. FEI Number <b>65-0711060</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. City & State	27. City & State			
23. Zip	28. Zip			
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>HENDELSON, LEE 2845 NO MILITARY TRAIL STE 15 WEST PALM BEACH FL 33409</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature types for profit, name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIEROT, EDWARD G</b>	1.2 NAME	
STREET ADDRESS	<b>300 WESTMINSTER ROAD</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33405</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEN, CATHERINE</b>	2.2 NAME	
STREET ADDRESS	<b>43 BROAD BROOK ROAD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BEDFORD HILLS NY 10507</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEITELBAUM, AMY</b>	3.2 NAME	
STREET ADDRESS	<b>10420 BOYNTON PLACE CIRCLE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BOYNTON BEACH FL 33437</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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: \_\_\_\_\_ *4/15/98 511-655-4550*

CR2E034 (10/97)