FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

(0)

PALERMITI OBSERVATORY, INC.

PALERMITI, FRANK M.

1299 MOSSWOOD CT.

PALERMITI, SARA M.

1299 MOSSWOOD CT.

PALERMITI, BETTY M.

16222 133RD N DR

JUPITER FL

INDIATLANTIC FL

INDIATLANTIC FL

STD

Principal Plac	e of Business	Mailing Address	_ 				
16222 133RD N. TERRACE DR. JUPITER FL 33478		16222 133RD N. TERRACE DR JUPITER FL 33478	ì .		8		
					3. Date Incorporated or Qualified 09/13/1978	3a. Date of Last Report 04/17/1996	
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1978031	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 30	Count	ry	8. This corporation has liability for int Florida Statutes		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			8	1 Name			
TRAWK 2051 M		8	2 Stree	Street Address (P.O. Box Number is Not Acceptable)			
	OTA FL 33577		8	3			
			8	4 City		FL 85 Zip Code	
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	orized	by the co	d corporation submits this statement for the pur rporation's board of directors. I hereby accept	pose of changing its registered	
SIGNATURE	Signature typed or printed name of registered agei	al and title if another the	a'alousa' a		re required when reinstating)	DATE	
12.	OFFICERS AND		13.	GOLK BRINKIN	ADDITIONS/CHANGES TO OFFICE	*****	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONO/CITANGES TO OTHER	Change Addition	
NAME	PALERMITI, MICHAEL F.	12		_		Print accounting from a print and a section of	
STREET ADDRESS			,	EET ADDRESS			
CITY-ST-ZIP	JUPITER FL		1,4 CITY				
TITLE	VD	DELETE	2.1 TITLE			Change Addition	

6.4 CITY-ST-ZIP CITY-ST-7/E 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP TITLE

CITY-SI-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

April 21, 1997 561-575-3903

Daylime Phone # 0078051

FILED

Apr 30 1997 8:00am

Secretary of State

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