

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Dorinda B. Montalvo  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 20 PM 1:49

**DOCUMENT # G04482**

**(7)**

1. Corporation Name

**PALM HOLDING CORP.**

Principal Place of Business

**2441 S. STATE RD 7(441)  
FT. LAUDERDALE FL 33317-6910**

Mailing Address

**2441 S. STATE RD 7(441)  
FT. LAUDERDALE FL 33317-6910**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/11/1982**

3a. Date of Last Report

**01/27/1994**

2. Principal Place of Business

21

2b. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WEIGER, VICTOR  
2441 S. STATE RD 7(441)  
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

**WEIGER, VIC**

STREET ADDRESS

**2441 S. STATE RD 7(441)**

CITY-ST-ZIP

**FT. LAUDERDALE FL**

TITLE

V

NAME

**WEIGER, DAVID A.**

STREET ADDRESS

**2441 S. STATE RD 7 (441)**

CITY-ST-ZIP

**FT. LAUDERDALE FL**

TITLE

S

NAME

**SANDORA, DEBORAH**

STREET ADDRESS

**2441 S. STATE RD 7(441)**

CITY-ST-ZIP

**FT. LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S

**DEMERS, DEBORAH**

**2441 S STATE ROAD 7, #441**

**FT. LAUDERDALE FL**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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. If 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 I have signed, or an attachment with an address.

SIGNATURE:

**VICTOR WEIGER**

**1/10/95**

**(305)584-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NO.