

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

**FILED**

**Apr 17 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G80949 (2)**  
 1. Corporation Name  
**PALMER ENTERPRISES INC.**



Principal Place of Business: **C/O ROBERT S. PALMER 2110 NORTH 51 AVE HOLLYWOOD FL 33021**  
 Mailing Address: **C/O ROBERT S. PALMER 2110 NORTH 51 AVE HOLLYWOOD FL 33021-4048**

3. Date Incorporated or Qualified: **12/22/1983**  
 3a. Date of Last Report: **07/09/1996**  
 4. FEI Number: **59-2368889**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-29)  
 22. City & State  
 23. City & State  
 24. Zip Country  
 25. Zip Country

9. Name and Address of Current Registered Agent  
**PALMER, ROBERT S.  
 2110 NORTH 51 AVENUE  
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent (81-85)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: **V**  DELETE  
 NAME: **PALMER, ROBERT S.**  
 STREET ADDRESS: **2110 N. 51 AVE**  
 CITY - ST - ZIP: **HOLLYWOOD FL**  
 TITLE: **P**  DELETE  
 NAME: **PALMER, DIANA R.**  
 STREET ADDRESS: **2110 N. 51 AVE**  
 CITY - ST - ZIP: **HOLLYWOOD FL**

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  
 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert S. Palmer* **ROBERT S. PALMER** Date: \_\_\_\_\_ Daytime Phone: **954-989-9353**

CR2E034 (9/96)