

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

APPROVED AND FILED

97 MAY -8 PM 12:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # J73960 (3)

1. Corporation Name
PALMDEL, INC.

Principal Place of Business
ONE GATE ST.
SUITE 3
PORTSMOUTH NH 03801

Mailing Address
P O BOX 4727
SUITE 3
PORTSMOUTH NH 03802-4727
US



2. Principal Place of Business
21 1100 LINTON BLVD

Suite, Apt #, etc.
22 STE C-9

City & State
23 DELRAY BEACH, FL

Zip
24 33444

2a. Mailing Address

Suite, Apt #, etc.
27

City & State
28

Zip
29

Country
30

3. Date Incorporated or Qualified
05/21/1987
3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H.
1100 LINTON BLVD
STE C-9
DELRAY BEACH FL 33444

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
FL

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 reinstating)
DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows for officers and directors. Columns: Title, Name, Street Address, City-St-Zip, and a checkbox for 'DELETE'.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for additions/changes. Columns: Title, Name, Street Address, City-St-Zip, and checkboxes for 'Change' and 'Addition'.

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: Michael Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/15/97

CR2E034 (9/96)