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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L71640 1. Corporation Name

PALAM, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90018 043 ***150.00



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|---|--|--|--|--------|---|--|----------------------|------------|
| Principal Plac | KEY OR. SE IG FL 33705 ST. PETERSBURG FL 33705 3. Date In OS/00 acc of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2city & State 2country 2dp 2do Country 2dp 2do Country 2dp 2do Country 2dp 2do Country 3do Person 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box 83 Batter, JOHN COQUINA KEY DRIVE, SE ETERSBURG FL 33705 84 City of the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submit registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of a familiar with, and accept the obligators of, Section 607.0506, Florida Statutes. Advisor Advisor PLAMBERT, JOHN 13 STREET ADDRESS ST PETERSBURG FL 13 STREET ADDRESS ST PETERSBURG FL 14 CITY-ST-ZIP DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 14 CITY-ST-ZIP DELETE 21 TITLE 22 NAME 23 STREET ADDRESS | | | | - I CONTROL BUT CONDUCTOR NUMBER OF DESTRUCTION | AIBIT BIBIT BIBIT | 0 FO FI 0 FO FI 1801 | |
| | | | | | | DO NOT WRITE IN THE | S SPACE | |
| _ | | | | | | 3. Date Incorporated or Qualifed | | |
| | · · | | | | | 05/09/1990 | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4, FEI Number | A | pplied For |
| 21 | <u> </u> | | | | | 59-3010289 | | |
| Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & State | | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Country Zip Cou | | | try | | 8. This corporation owes the current year Ir | | _ \ |
| 24 | | | | | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curren | t Registered Agent | | 04 | *** | 10. Name and Address of New Registered | Agent | |
| I MARCOT IOUN | | | | ויש | Name | · | | |
| | | | 82 Street Add | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| ST. PETERSBURG FL 33705 | | | | 02 | | | | |
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| 11. Pursuant to the provisions of Sections 667,0502 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 607,0509, Florida Statutes. | | | | | | | | |
| | m familiar with, and accept the obligation | | Applied For Segistered Agent Signature required whon reinitiating 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS 14. CTIY-ST-ZP SHEET ADDRESS 15. TREET ADDRESS 14. CTIY-ST-ZP SHEET ADDRESS 15. TREET ADDRES | | | | | |
| SIGNATURE | Signature, typed or printer name of registered agen | | gistered A | gent s | signature required | i when reinstating) DATE | | |
| 12. | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | ORS IN 12 |
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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 received 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 attactionent with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND