

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M82925** (2)
1. Corporation Name: **PAL MART, INC.**



Principal Place of Business: **815 N FED HWY HOLLYWOOD FL 33020 US**
Mailing Address: **2800 OLD ORCHARD RD DAVIE FL 33328 US**

3. Date Incorporated or Qualified: **05/26/1988**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **65-0050582**
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

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**PALACIOS, RAUL E.
2800 OLD ORCHARD RD
DAVIE FL 33328**

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 _____ DATE _____
Signature of Registered Agent (required) and the date of filing (required) Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS
12.1 TITLE: **DPT**
12.2 NAME: **PALACIOS, RAUL E.** DELETE
12.3 STREET ADDRESS: **2800 OLD ORCHARD RD**
12.4 CITY, ST, ZIP: **DAVIE FL**
12.5 TITLE: **DVS** DELETE
12.6 NAME: **PALACIOS, ELSA M.**
12.7 STREET ADDRESS: **2800 OLD ORCHARD RD**
12.8 CITY, ST, ZIP: **DAVIE FL**
12.9 TITLE: DELETE
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY, ST, ZIP:
12.13 TITLE: DELETE
12.14 NAME:
12.15 STREET ADDRESS:
12.16 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:
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (305) 920-7712
DATE: _____ DISTRICT PHONE # _____

CR2E034 (12/95)