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

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STREET ADDRESS

CITY-ST-ZIP

**FILED** Mar 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (2) M82925 PAL MART, INC. Mailing Address Principal Place of Business 815 N FED HWY 2800 OLD ORCHARD RD HOLLYWOOD FL 33020 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1988 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0050582 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PALAÇIOS, RAUL E. 2800 OLD ORCHARD RD **B2** Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33328** 83 84 City 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 reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 TITLE TITLE PALACIOS, RAUL E NAME 1.2 NAME 2800 OLD ORCHARD RD. STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE PALACIOS, ELSA M. NAME 2.2 NAME 2800 OLD ORCHARD RD STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE PALACIOS, RAUL E II NAME 3.2 NAME 2800 OLD ORCHARO RD. STREET ADDRESS 3.3 STREET ADDRESS DAVIE FL CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE PALACIOS, RICHARD E 4. 2 NAME NAME 1431 GABRIEL STREET STREET ADDRESS 4.3 STREET ADDRESS HOLLYWOOD FL 4.4 CITY - ST - ZIP City-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

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 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. 3/13/6P (954) 920-22/2

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP