FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N08892   (4)

1. Corporation Name

PALMER HOUSE, INC.

Principal Place of Business	Mailing Address
%OFFICE OF HOUSING MANAGEMENT 3075 NW 35TH AVENUE LAUDERDALE LAKES FL 33311	%OFFICE OF HOUSING MANAGEMENT 3075 NW 35TH AVENUE LAUDERDALE LAKES FL 33311-1107

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1985	04/25/1996

	2. Principal Place of Business		2a. Mailing Address
21	4740 N. State Road 7	26	4740 N. State Road 7
22	Suite, Apt. #, etc. Suite 106 - Bldg. C	27	Suite, Apt. #, etc. Suite 106 - Bldg. C
23	City & State Lauderdale Lakes, Fla.	28	City & State Lauderdale Lakes, Fla.
24	Zip 33319	25 Country USA	29 Zip 33319	30 Country USA

4. FEI Number **59-2533809**   ☐ 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	10. Name and Address of New Registered Agent
FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134	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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** NAME **QUINLIVAN, J. MARK** STREET ADDRESS **5730 SW 74 ST., STE 300** CITY-ST-ZIP **S. MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **ABELLO, EUGENE** STREET ADDRESS **2736 SW 7TH AVE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **CONWAY, LAURENCE** STREET ADDRESS **17775 NORTH BAY RD.** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **MCCAUL, MICHAEL** STREET ADDRESS **2251 YUCCA AVENUE** CITY-ST-ZIP **PEMBROKE PINES FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **STEIBEL, GARY R** STREET ADDRESS **123 NW 6TH AVE** CITY-ST-ZIP **HALLANDALE FL**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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

SIGNATURE: _____ Mark Quinlivan 2/6/97 (305) 757-2824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0034587