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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08892

1. Corporation Name
PALMER HOUSE, INC.

Principal Place of Business 4740 N STATE ROAD 7 SUITE 106- BLDG C LAUDERDALE LAKES FL 33319 US	Mailing Address 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LAKES FL 33319 US
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2. Principal Place of Business 21 11440 N. Kendall Drive Suite, Apt. #, etc. 22 Suite E-209 City & State 23 Miami, Fla. Zip Country 24 33176 25 USA	2a. Mailing Address 26 11440 N. Kendall Drive Suite, Apt. #, etc. 27 Suite E-209 City & State 28 Miami, Fla. Zip Country 29 33176 30 USA	3. Date Incorporated or Qualified 04/23/1985	4. FEI Number 59-2533809 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134	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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD QUINLIVAN, J. MARK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5730 SW 74 ST., STE 300	1.2 NAME	
STREET ADDRESS	S. MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ABELLO, EUGENE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2736 SW 7TH AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CONWAY, LAURENCE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17775 NORTH BAY RD.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MCCAUL, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2251 YUCCA AVENUE	4.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D STEIBEL, GARY R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	123 NW 6TH AVE	5.2 NAME	
STREET ADDRESS	HALLANDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: Mark Quinlivan 3/25/99 (305) 757-2824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)