FILE NOW: FILING FEE IS \$61.25

Jun 18 1998 8:00am NONPROFIT . FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) N47865 PALMTRAIL, INC. Principal Place of Business Mailing Address 344 PALM TRAIL 344 PALM TRAIL 3. Date Incorporated or Qualified DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 03/12/1992 4. FEI Number Applied For 65-0324017 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional \Box 5. Certificate of Status Desired 21 Fee Required 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Laura Gonzalez Street Address (P.O. Box Number is Not Acceptable) CORKERY, ANN 82 1002 NW FIFTH AVE 83 **DELRAY BEACH FL 33483** 325 Winters Street 64 City 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 trust of registered agent. I am familiar with a state of Florida Statutes. SIGNATURE Signature trust of registered agent. I am familiar with a state of Florida Statutes. of registered agop and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition President /Director **MEHRGUT, MARIA ANGELES** NAME 1.2 NAME Joan M. McIntosh CR2E037 344 PALM TRAIL 1.3 STREET ADDRESS 344 Palm Trail STREET ADDRESS CELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33483 DELETE Change Addition 2.1 THILE TITLE **KUSTNER, CATHERINE MARY** 2.2 NAME NAME 344 PALM TRAIL STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE REDING, MARY JOSITA NAME 3.2 NAME 1052 NORTH DR. #D STREET ADDRESS 3.3 STREET ADDRESS DELRAY BCH. FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE MALONEY, DOROTHY A. 4 2 NAME NAME 80 LYNCROFT RD. STREET ADDRESS 4.3 STREET ADDRESS **NEW ROCHELLE NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME 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.

FILED

May 18, 1998