

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

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95 MAR -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068916 (4)

1. Corporation Name
PALM FRITES, INC.

Principal Place of Business	Mailing Address
1801 CLINT MOORE RD STE 104 BOCA RATON FL 33487 US	1801 CLINT MOORE RD STE 104 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/29/1993	3a. Date of Last Report 04/20/1994
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4. FEI Number 65-0443004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 6400 Congress Avenue	26 6400 Congress Avenue
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Boca Raton, FL.	City & State 28 Boca Raton, FL.
Zip 24 33487	Country 25 U.S.
Country 29 U.S.	Zip 30 33487

9. Name and Address of Current Registered Agent

RABINOWITZ, ALAN
1801 CLINT MOORE ROAD
STE. 104
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6400 Congress Avenue 2nd Floor
83	
84 City	Boca Raton FL
85 Zip Code	33487

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 I accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Alan Rabinowitz* DATE: **2/25/95**

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RABINOWITZ, ALAN R.
STREET ADDRESS	1801 CLINT MOORE RD, STE-104
CITY, ST, ZIP	BOCA RATON FL
TITLE	DS
NAME	ROBBINS, I. HOWARD
STREET ADDRESS	1801 CLINT MOORE RD, STE-104
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6400 Congress Ave.
1.4 CITY-ST-ZIP	Boca Raton, FL. 33487
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6400 Congress Ave.
2.4 CITY-ST-ZIP	Boca Raton, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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)(g), 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 1, 2 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Alan Rabinowitz, President* DATE: **2/25/95** TELEPHONE: **407-998-7782**