

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Westrum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

5/1/95 - 1 11:57

REGISTRY ROOMS
TALLAHASSEE, FLORIDA

DOCUMENT # S27981 (7)

1. Corporation Name:
HESS PALMER FINANCIAL SERVICES, INC.

Principal Place of Business: **4521 PGA BLVD SUITE 333 PALM BEACH GARDENS FL 33418-3967**
Mailing Address: **4521 PGA BLVD SUITE 333 PALM BEACH GARDENS FL 33418-3967**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/25/1991** 3a. Date of Last Report: **05/13/1994**
4. Fed Number: **65-0238472** Applied for: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under the Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt # etc: 22 City, & State: 23 ZIP: 24
2a. Mailing Address: 26 State Apt # etc: 27 City & State: 28
9. Name and Address of Current Registered Agent: 24 25 29 30

9. Name and Address of Current Registered Agent: **SHEPHERD, DANIEL J. 2570 FOREST HILL BLVD. STE. #102 WEST PALM BEACH FL 33401**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 602.02 and 602.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to both of the State of Florida. Such change is authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of the law of the State of Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D PALMER, EVERETT	STREET ADDRESS: 6114 WOOD CREEK CT JUPITER FL	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D HESS, RAYMOND	STREET ADDRESS: 6682 N 141ST LN PALM BEACH GDNS FL	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	8. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.03(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 at the time of the filing prepared to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report. I am an officer with _____ address: _____

SIGNATURE: *Raymond Hess* **RAYMOND Hess** 5/1/95 407 625-5444
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNER OFFICER OR DIRECTOR