

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F02607** (2)

1. Corporation Name
PALMER & PALMER, P.A.



Principal Place of Business: 1550 MADRUGA AVE. STE 240 CORAL GABLES FL 33146
Mailing Address: 1550 MADRUGA AVE. STE 240 CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/22/1980
3a. Date of Last Report: 01/23/1995

21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	4.	4.	5.	5.	6.	6.	8.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		This corporation has liability for intangible tax under s 199.032, Florida Statutes		Date of Last Report		Applied For		Additional Fee Required		May Be Added to Fees		Yes		No		Yes		No	
1550 MADRUGA AVE. STE 240 CORAL GABLES FL 33146		1550 MADRUGA AVE. STE 240 CORAL GABLES FL 33146		59-2082510		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		01/23/1995		Not Applicable		\$8.75		\$5.00									

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMER, PAUL 1550 MADRUGA AVE. CORAL GABLES FL 33146				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	SUITE 240		
				84	City		
				85	Zip Code		
				FL			

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PALMER, PAUL	1.2 NAME	
STREET ADDRESS	1550 MADRUGA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Palmer Date: 2-19-96 Daytime Phone #: 305-666-6704

CR2E034 (12/95)