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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 334220

(1)

1. Corporation Name

PALERS DEVELOPMENT CORP

Principal Place of Business

5070 N HIGHWAY A1A
VERO BEACH FL 32963
US

Mailing Address

5070 N. HIGHWAY A1A
VERO BEACH FL 32963-1400
US

3. Date Incorporated or Qualified

08/26/1968

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 1140

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33425-

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, PETER
1890 S OCEAN DR
MANALAPAN FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(601) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD

NAME BLUM, PETER
STREET ADDRESS 1890 S OCEAN DR
CITY- ST- ZIP MANALAPAN FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

Change Addition

TITLE SD

NAME BLUM, MAUREEN
STREET ADDRESS 1890 S OCEAN DR
CITY- ST- ZIP MANALAPAN FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

Change Addition

TITLE V

NAME HARRIS, WILLIAM R.
STREET ADDRESS 2483 PAR CIRCLE
CITY- ST- ZIP DELRAY BEACH FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

W.R. Harris

4/29/97 01-234-7317

CR2E034 (9/96)