

**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

**FILED**  
**Apr 24 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 339246 (1)**

1. Corporation Name

**PALMLAND SUPPLY COMPANY INC**

Principal Place of Business

**20450 N E 15 COURT  
NORTH MIAMI BEACH FL 33179**

Mailing Address

**20450 N E 15 COURT  
NORTH MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified

**12/20/1968**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARY KORER**  
**20450 N.E. 15TH CT.**  
**MIAMI FL 33179**

81 Name

**GARY KORER**

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 607.0508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent or the filer, if applicable.

Signature and printed name of registered agent or the filer, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

~~XXXXXXXXXXXX~~

STREET ADDRESS

~~20450 NE 15 CT~~

CITY - ST - ZIP

~~MIAMI, FL 00000~~

TITLE

DELETE

NAME

~~XXXXXXXXXXXX~~

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

Change

Addition

12 NAME

**GARY KORER**

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

~~XXXXXXXXXXXX~~

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

~~XXXXXXXXXXXX~~

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

~~XXXXXXXXXXXX~~

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

~~XXXXXXXXXXXX~~

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

~~XXXXXXXXXXXX~~

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)