## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)385257 PALM BUILDERS, INC. Principal Place of Business Mailing Address 1911 N.E 172 STREET 1911 N.E 172 STREET N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1971 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 23-0385257 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 24 26 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name KEYS.NEAL S 1911 N.E. 172 STREET Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33162 63 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME KEYS.NEAL S 1.2 NAME 1911 N.E. 172 STREET 1 1.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition TITLE NAME KEYS, CAROL F 2.2 NAME 1911 NE 172 ST STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ■ Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

CRZE034

Change

Addition

14. Thereby certify that the Information supplied with this filling 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 organ attackment with an address (305) 944-9300 **SIGNATURE:** 

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE