

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **533651** (6)

1. Corporation Name
PALACIO DEL SOL, INC.



Principal Place of Business: **1253 PARK ST. CLEARWATER FL 34616**
Mailing Address: **1253 PARK ST. CLEARWATER FL 34616**

2. Principal Place of Business: [21] [22] [23] [24]
2a. Mailing Address: [26] **776 THORNWICK DR** [27] [28] **PITTSBURGH, PA** [29] **15243** [30] **USA**

3. Date Incorporated or Qualified: **05/10/1977**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **25-1332215**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WARD, R. CARLTON
1253 PARK ST.
CLEARWATER FL 33516**

10. Name and Address of New Registered Agent
[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City
[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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREADY, WILLIAM B, JR		2. NAME		
STREET ADDRESS	776 THORNWICK DR		3. STREET ADDRESS		
CITY-STATE-ZIP	PITTSBURGH, PA 00000		4. CITY-STATE-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREADY, JAMES		6. NAME		
STREET ADDRESS	311 CANTEBURY DR.		7. STREET ADDRESS		
CITY-STATE-ZIP	PITTSBURGH, PA 00000		8. CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREADY, EDWARD L		10. NAME		
STREET ADDRESS	105 DAYTON DR.		11. STREET ADDRESS		
CITY-STATE-ZIP	EASLEY SC		12. CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, R CARLTON		14. NAME		
STREET ADDRESS	1253 PARK ST		15. STREET ADDRESS		
CITY-STATE-ZIP	CLEARWATER, FL 00000		16. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-STATE-ZIP			20. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY-STATE-ZIP			24. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	25. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			26. NAME		
STREET ADDRESS			27. STREET ADDRESS		
CITY-STATE-ZIP			28. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status 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 in an attachment with an address.

SIGNATURE: *William B. McCready Jr* DATE: **3/26/96** **412/225-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)