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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **563378** **(9)**

1. Corporation Name
PALMETTO SALES & LEASING, INC.

Principal Place of Business	Mailing Address
12970 PORT SAID RD OPA LOCKA AIRPORT OPALOCKA FL 33054 US	12970 PORT SAID RD OPA LOCKA AIRPORT OPALOCKA FL 33054 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1978

2. Principal Place of Business	2a. Mailing Address
21 4141 NW 145th ST.	26 4141 NW 145th ST
22 Suite, Apt. #, etc. OPA LOCKA AIP	27 Suite, Apt. #, etc. OPA LOCKA AIP
23 City & State OPA LOCKA, FL	28 City & State OPA LOCKA, FL
24 Zip 33054 25 Country USA	29 Zip 33054 30 Country USA

4. FEI Number: 59-1831940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAITHER, TIMOTHY E 12970 PORT SAID RD HIALEAH, FLORIDA OPALOCKA FL 33054	81 Name: LENORA BACH, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 1130 WASHINGTON AVE., 7TH FL 83 84 City: MIAMI BEACH, FL 85 Zip Code: 33139

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: Bach LENORA BACH, ESQ. 3/4/97
(Signature of, and printed name of, registered agent, and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GAITHER, PAUL E		1.2 NAME	TERRY B. RITTER	
STREET ADDRESS	11600 NW 14CT		1.3 STREET ADDRESS	4141 NW 145TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	ST	☒ DELETE	2.1 TITLE	VP, S	☒ Change ☐ Addition
NAME	JACKSON, BARBARA		2.2 NAME	REBECCA B. RITTER	
STREET ADDRESS	6305 HAWKES BLUFF AVE		2.3 STREET ADDRESS	4141 NW 145 ST.	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: [signature] 3/4/98 305-681-1070
(SIGNATURE AND TITLE OF CHAIRMAN, VICE CHAIRMAN, OFFICER OR DIRECTOR) Date Daytime Phone #