

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **607549** (3)
1. Corporation Name
THE PALMA SOLA CORPORATION



Principal Place of Business: 2831 RINGLING BLVD. SUITE 204-B SARASOTA FL 34237
Mailing Address: 2831 RINGLING BLVD SUITE 204-B SARASOTA FL 34237 US

3. Date Incorporated or Qualified: 01/18/1979
3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-1935918
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
FLANAGAN & MENCHINGER P.A. CPAs
2831 RINGLING BLVD.
SUITE 204-B
SARASOTA FL 34237

10. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent on this filing pack. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HARE, DOUGLAS WILLIAM 17 MILLPOUND COURT #601 SIMCOE, ONT.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP GINN, FRED #5-499 OAKVALE DRIVE WATERLOO, ONT	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S COPPOLINO, A. DR. 18 PINE STREET KITCHENER GLF. ONT	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: V.P.
2. NAME: MR. WILLIAM B. JACKSON
3. STREET ADDRESS: 124 WILSON AVE
4. CITY-ST-ZIP: SIMCOE ONT.
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY-ST-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY-ST-ZIP: Change Addition

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: *Douglas W. Hare* Date: April 18/96 514 428 2396
DOUGLAS W HARE PRES.

CR2E034 (12/95)