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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 638315

(2)

PALM HOUSE PUBLISHING, INC.

FILED Mar 05 1997 8:00am Secretary of State

mincipal made	OLDIVALLIES?	Mailing Address									
2600 TEMPLE DRIVE WINTER PARK FL 32789 US			2600 TEMPLE DRIVE WINTER PARK FL 32789-1371 US								
		55				3. Date Incorporated or Qualified 09/21/1979	1				
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number				olied For	
21		26				59-1950507					
Suite, Apt. #. 22	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stalle		City & State	<u>├</u> ─┐			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip <b>24</b> ]	Country 25	Zip 29	Cour 30				ty for intangible tax under s. 199.032,				
<u></u>	9. Name and Address of C					10. Name and Address of New Re					
COOK	(, DAVID		76	31	Name						
801 VIA LUGANO WINTER, PK 32789					Street Add	dress (P.O. Box Number is Not Acceptate	ole)				
******			1	33	······································						
			1	34	City	, <u>, , , , , , , , , , , , , , , , , , </u>	FL	85	Zip C	ode	
office or reg agent. Lam SIGNATURE	gistered agent, or both, in the i familiar with, and accept the	State of Florida. Such change wobligations of, Section 607.0505	vas authorized 5, Florida Statu	by tes	the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	ot the appo	cnang pintme	nt as i	registered	
	graziar ingestor production of register	***************************************		Ager	nt signature requ	uired when reinstating)	DATE	DIRE.	57000	- IN 40	
12.		S AND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Ch		Addition	
	PD COOK, DAVID	L_) better	1.1 SILL 1.2 NAM		l l			VII	ari Brc	M Monthói	
	801 VIA LUGANO	•			ADDRESS						
	WINTER, PK			14 CITY-ST-ZIP							
1:TLE	711171	DELETE	21 TITLE					Ch	ange	Addition	
NAME			2.2 NAM	2.2 NAME							
STREET ADDRESS			2 3 \$TR	EET A	ADDRESS						
City-St ziP			2. 4 CIT	Y - S	T-ZIP						
TIFLE		☐ DELETE	3.1 TITL	E				Ch	ange	Addition	
NAME			3.2 NAM	Æ							
STREEF ADORESS					ADDRESS						
CITY+ST-ZIP		T Briest	3.4. CIT		T-ZIP			T 04	2000	T Addition	
THILE		[] DETEAR	1		1			∐ Ch	arige	☐ Addition	
NAME PARKET APPERES O			4.2 NA		4000res						
STREET ADDRESS					ADDRESS						
City-St 2ift		DELETE	4.4 CiT		1-214			Cr	ange	Addition	
NAMé		C. Dittie	5.1 Inc						-v-\$0	posit r straterort	
STREET ADORESS					ADDRESS						
CITY - S1 - ZIP			5.4 CIT								
TOLF		DELETE			1 - 41F			☐ Cr	ange	Addition	
NAM(		5	6.2 NA								
STREET ADDRESS					ADDRESS						
CFY ST ZIP			6.4 CIT								
			0.7 (1)	· ·	· •"						

14. If do 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 Brack 12 or Black 13 if changed, or on a cattatument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 407 539-139