1. Entity Na	me # 133134		الم المال		DII D	т.		
PALME	ITO AMATEUR RADIO CLUB,	J	FILED Jun 09, 2000 8:00 am					
Principal Place of Business Mailing Address				Secretary of State			ate	
C/O BERNARD STERNBERG 9993 N. GRAND DUKE CIRCLE TAMARAC FL 33321 US		C/O BERNARD STERNBERG 9899 N. GRAND DUKE CIRCLE TAMARAC FL 33321-6312 US		·	06-09-2000 90012 0			
2. Principal I	Place of Business	3. Mailing Address	-	F (@B))))))	; (641)() 1848 1)(184 ()(187 (188 (188 (188 (188 (188 (188 (188			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	NOT APPLICABLE	— — —	pplied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	egistered Agent		7. Name and	Address of New Registered			
		Name	Name					
STERNBERG, BERNARD 9893 N. GRAND DUKE CIRCLE			Street A	Street Address (P.O. Box Number is Not Acceptable)				
TAMARAC FL 33321					· · · · · · · · · · · · · · · · · · ·			
			City		FL	Zip Cod	e	
FILE NOW: FEE IS \$61.25 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reference to the printed printe			inancing	pent signature required when reinstating) \$5.00 May Be Added to Fees Added to Fees Added to Fees Department of State)	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEICH, SIDNEY 120 GOLDENISLE DR HALLANDALE FL 33312	D D elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		HER F. CHVOW PERR FL. 33317		Addition	
TITLE	TD	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DREYER, WILLIAM 3650 N. 36TH AVENUE, VILLA 66 HOLLYWOOD FL 33021		NAME STREET ADDRESS CITY-ST-ZIP		1. 18. V			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODERICK, ROBERT P O BOX 22983 FT LAUDERDALE FL 33335-298	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		er, ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE REQUIRED

SIGNATURE:

5-12-60 454961-0966