

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 12: 06

DOCUMENT # **F22130** (1)  
1. Corporation Name  
**PALM ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
4524 GUN CLUB ROAD SUITE 212 WEST PALM BEACH FL 33415 US	C/O ROBERT V. GRIEB, CPA 500 NORTH WESTSHORE BLVD., #1000 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/05/1981	02/15/1994
4. FEI Number	Applied For
59-2083745	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HIRSCH, WILLIAM C. C**  
5100 NORTH WESTSHORE BOULEVARD, SUITE 1000  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name	<b>ROBERT V. GRIEB, CPA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>500 NORTH WESTSHORE BLVD, #1000</b>
83	
84 City	<b>TAMPA</b>
85 Zip Code	<b>FL 33609</b>

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 office familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE *Robert V. Grieb* **ROBERT V. GRIEB, CPA** 1/16/95  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ROSS, NIGEL K.</b>
STREET ADDRESS	<b>28/28 HALLAM STREET</b>
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>
TITLE	<b>STD</b>
NAME	<b>JAYE, ANDREW I.</b>
STREET ADDRESS	<b>28/28 HALLAM STREET</b>
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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: *Nigel K. Ross* **NIGEL K. ROSS** 1-24-95 ENGLAND 071 631 0538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/YEAR