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**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90098 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F22130**

1. Corporation Name  
**PALM ENTERPRISES, INC.**

Principal Place of Business  
**4524 GUN CLUB ROAD  
 SUITE 212  
 WEST PALM BEACH FL 33415  
 US**

Mailing Address  
**C/O ROBERT V. GRIEB, CPA  
 500 NORTH WESTSHORE BLVD., #1000  
 TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>03/05/1981</b>
23	City & State	City & State	4. FEI Number
24	Zip	Zip	<b>59-2063745</b>
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			<b>\$8.75</b> Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**GRIEB, ROBERT V. C  
 500 NORTH WESTSHORE BLVD, #1000  
 TAMPA FL 33609**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or 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	<b>PD</b>	1.1 TITLE	
NAME	<b>ROSS, NIGEL K.</b>	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>26/28 HALLAM STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAYE, ANDREW I.</b>	2.2 NAME	
STREET ADDRESS	<b>26/28 HALLAM STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Nigel K. Ross NIGEL KEITH ROSS 4TH FEB 1999 01714360198