

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F87511 (4)  
1. Corporation Name  
PALLET MANAGEMENT SYSTEMS, INC.



Principal Place of Business  
ONE S. OCEAN BLVD.  
#305  
BOCA RATON FL 33432  
US

Mailing Address  
ONE S. OCEAN BLVD.  
#305  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2197020	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RICHARDSON, ZACHARY M  
ONE S. OCEAN BLVD.  
#305  
BOCA RATON FL 33432

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	D RADCLIFFE, DON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	181 LONGHILL RD.	1.2 NAME	
STREET ADDRESS	LITTLE FALLS NJ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P RICHARDSON, ZACHARY M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1699 SW 20TH AVE.	2.2 NAME	
STREET ADDRESS	BOCA RATON FL 33486	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ADELBERG, BRUCE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33 CHANNEL	3.2 NAME	
STREET ADDRESS	SALEM SC 29676	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	C LUCY, JOHN III	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 9 N/A	4.2 NAME	
STREET ADDRESS	GASBURG VA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LUCY, JOHN JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6660 ESTERO BLVD. 505 SANDARAC	5.2 NAME	
STREET ADDRESS	FT. MYERS FL 33931	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SIMON, FRANK	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4149 BOCAIRE BLVD.	6.2 NAME	
STREET ADDRESS	BOCA RATON FL 33487	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

*[Signature]*

1/8/98

(561) 338-7763

CR2E034 (10/97)