

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005220 (8)

1. Corporation Name

PALM FOUNDATION, INC.



Principal Place of Business

Mailing Address

4752 VIA CARMEN  
NAPLES FL 33942  
US

PO BOX 8786  
NAPLES FL 33941  
US

3. Date Incorporated or Qualified  
09/21/1994

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 630 111th AVE N

26 Suite, Apt. #, etc.

22 NAPLES, FL

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 33963

29 Zip

25 Country USA

30 Country

4. FEI Number  
88-0326733

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELESS, STEVEN H  
4752 VIA CARMEN  
NAPLES FL 33942

81 Name LOVELESS, STEVEN H.

82 Street Address (P.O. Box Number is Not Acceptable)  
630 111th AVE N.

83 NAPLES, FL

84 City FL 85 Zip Code 33963

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 *Steven H. Loveless* (STEVEN H. LOVELESS)

5/31/96

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LOVELESS, STEVEN H  
STREET ADDRESS 8380 EXCALIBUR CIRCLE, APT. H-5  
CITY-ST-ZIP NAPLES FL 33963

TITLE PSTD  
NAME LOVELESS, STEVEN H.  
STREET ADDRESS 630 111th AVE N  
CITY-ST-ZIP NAPLES, FL 33963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 119.07(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: *Steven H. Loveless*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN H. LOVELESS 5/31/96 911-514-3811

CR2E034 (12/95)