

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 # **F95000004122 (6)**

1. Corporation Name
PALM HARBOR FINANCE CORPORATION



Principal Place of Business: 15301 DALLAS PKWY #800 DALLAS TX 75248
Mailing Address: 15301 DALLAS PKWY #800 DALLAS TX 75248

2. Principal Place of Business
21 15303 Dallas Parkway
22 # 800
23 Dallas TX
24 75248
25 Dallas
2a. Mailing Address
26 15303 Dallas Parkway
27 # 800
28 Dallas, TX
29 75248
30 Dallas

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report
4. FEI Number: 75-2585324
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DCPS POSEY, LEE	<input type="checkbox"/> DELETE
NAME	15301 DALLAS PKWY #800	
STREET ADDRESS	DALLAS TX 75248	
CITY-STATE-ZIP		
TITLE	V KOBLE, CASPER	<input type="checkbox"/> DELETE
NAME	15301 DALLAS PKWY #800	
STREET ADDRESS	DALLAS TX 75248	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCPS Posey, Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	15303 Dallas Pkwy #800	
1.3 STREET ADDRESS	Dallas, TX 75248	
1.4 CITY-STATE-ZIP		
2.1 TITLE	V Koble, Casper	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	15303 Dallas Pkwy #800	
2.3 STREET ADDRESS	Dallas, TX 75248	
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Casper R Koble*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96
214-233-9330
Date Phone #

CR2E034 (12/95)