

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

FILED  
Apr 17 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 # F97000003089 (6)

1. Corporation Name  
PALMCO MANAGEMENT INCORPORATED

Principal Place of Business

Mailing Address

~~515 MADISON AVE STE 2000~~  
~~NEW YORK NY 10022~~

~~515 MADISON AVE STE 2000~~  
~~NEW YORK NY 10022~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 34 E 61ST ST  
Suite, Apt. #, etc.  
22  
City & State  
23 NEW YORK NY  
Zip Country  
24 10021-8010 25 USA

2a. Mailing Address  
26 34 E 61ST  
Suite, Apt. #, etc.  
27  
City & State  
28 NEW YORK NY  
Zip Country  
29 10021-8010 30 USA

3. Date Incorporated or Qualified  
06/13/1997

4. FEI Number  
13-3957826  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC  
801 NORTHEAST 167TH ST STE 300  
NO MIAMI BEACH FL 33162

81 Name DAVID GIARDI  
82 Street Address (P.O. Box Number is Not Acceptable)  
90 AQUATERRA  
83 230 SUNRISE AVE  
84 City PALM BCH FL 85 Zip Code 33480

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

*David Giardi*  
Signature typed or printed name of registered agent and title if applicable

DAVID GIARDI, GENERAL MANAGER

4.7.98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME PD PALMER, CHARLES R  
STREET ADDRESS 34 EAST 61ST ST  
CITY - ST - ZIP NEW YORK NY 10021 ☐ DELETE

TITLE  
NAME STD GRACE, OLIVER R JR  
STREET ADDRESS 55 BROOKVILLE RD APO Box 163  
CITY - ST - ZIP NEW YORK NY 11545 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

*David Giardi*

4.7.98

(212) 950-0369

CR2E034 (10/97)