

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 050 ***150.00

DOCUMENT # G29755

1. Entity Name

PALM/LAUD PROPERTIES, INC.

Principal Place of Business

1672 W HILLSBORO BLVD
 PMB #256
 DEERFIELD BEACH FL 33442
 US

Mailing Address

1672 W HILLSBORO BLVD
 PMB #256
 DEERFIELD BEACH FL 33442-1657
 US

B0017851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2271719**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFFAN, JOHN E.
1672 W HILLSBORO BLVD
STE 256
DEERFIELD BCH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **STEFFAN, JOHN E.**
 STREET ADDRESS **1672 W HILLSBORO BLVD, STE 256**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **STD** Delete
 NAME **STEFFAN, THELMA**
 STREET ADDRESS **1672 W HILLSBORO BLVD, STE 256**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Delete
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Add
 NAME
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 CITY-ST-ZIP

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13. 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 report or supplemental 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thelma Steffan* **THELMA STEFFAN**
SECY/TREAS/DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00 954-429-9443
 Date Daytime Phone #