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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G95589

(9)

poration Name	G95569
TEWIDE PALMS.	INC.

## **FILED** Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  644 GARDEN ROAD P.O. BOX 2798 LABELLE FL 33935 LABELLE FL 33975-2798						
					3. Date Incorporated or Qualified 04/10/1984	3a. Date of Last Report 09/25/1996
<b>├</b> ── '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# oto	26 Suita Asil H ata			59-2424652	Not Applicable
22	. <del>n</del> , <del>u</del> to.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Countr		Trust Fund Contribution  8. This corporation has liability for	
24	25	29	30	,		Yes No
	9. Name and Address of Curr				10. Name and Address of New Re	gistered Agent
	PPER, TERRELL		81	Name		
644 GARDEN ROAD			82	Street Add	ress (f <sup>3</sup> .O. Box Number is Not Acceptal	ble)
LAL	BELLE FL 33935		83	ļ		
				L		
			84	City		FL 85 Zip Code
office or agent. I a	registered agent or both, in the Sta am familiar with, and accept the obl Signature, typed or profest mane of registered.				poration submits this statement for the patients board of directors. I hereby accepted when rendering)	pt the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PT CHINDED TEDDELL	DELETE	1.111114		·	Change Addition
NAME	SKIPPER, TERRELL P.O. BOX 2798 N/A		1.2 NAME			
STREET ADDRESS	LA BELLE FL			I ADDRESS		
CITY-ST-ZIP TITLE	VS	DEULLE	1.4 C(TY - 2.1 TILLE	\$1-711'		Change Addition
NAME	SKIPPER, RHONDA		2.2 NAME			
STREET ADDRESS	P.O. BOX 2798 N/A		2 3 S1RF	ADDRESS		
CITY-ST-ZIP	LA BELLE FL		2 4 CHY-	S1-ZIP		
TITLE		DETETE	3 1 1111.0			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY- 4.1 TITLE	ST-ZIP		Change Addition
NAME		_ breeze	4. 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	51 11TLF		2.1300	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-\$1-ZIP			5.4 CITY -	ST-ZIP		
TITLE	1	☐ DELETE	6.1 THLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	L		6.4 CITY - 1	SI - 7IP		

I do hereby certify that the information supplied with this filling coes 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 supplied conditions 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 of the record 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 the good on at attachment with an address.