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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45069

(8)

PALORI EQUITIES, INC.

FILED May 08 1997 8:00am Secretary of State

		Mailing Address 58 LADOGA AVENUE TAMPA FL 33606-3804		ontain as a very some				
					3. Date Incorporated or Qualified 12/01/1986		e of Last R 8/1996	eport
	Place of Business	2a. Mailing Address	2		4. FEI Number		<u> </u>	oplied For
21 Suite Ant	# 610	26 <i>P.O.130x5</i> Suite, Apt. #, etc.	رر		59-2760074		\$8.75	ot Applicable
Suite Apt. #, etc. Suite		<u>⊢</u> ¬ ' '	Some, Apr. 4, etc.		5. Certificate of Status Desired			equired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28 Jampa FI			Trust Fund Contribution		Added	to Fees
Zip	Country	22/11/01/2	Country	61	8. This corporation has liability for i			. 199.032,
24	25	29 20(01-005) 30	14	<i>) [</i> 4]	Fiorida Statutes 10. Name and Address of New Re	Yes _		
	9. Name and Address of Cur	Init Ledistered Wieut	81	Name	IV. Name and Address of New Re	Riototen V	Haii	
	BRANO, ANDREW J.							
101 E. KENNEDY BLVD SUITE 3700			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	MPA FL 33602		83					
· ·	MINIE GOODE						Table 1	
			84	City		FL	85 Zip	Code
SIGNATURE	Signature, typod or printed name of registered	agent and title II applicable. (NOTE: Re	egistered Ag		poration submits this statement for the p tion's board of directors. I hereby accep lied when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	
TITLE	DVT PALORI, VINCENT	DELETE 1.17				L	Change	Addition
NAME ************************************		** 45004 415		I ADSIDE DO				
STREET ADDRESS	TAMPA FL		1.4 CITY-1	T ADDRESS				
CITY-ST-ZIP TITLE	DP DP	DELETE \$1.		51-211		T	Change	Addition
NAME	PALORI, JULIUS							
STREET ADDRESS	58 LADOGA AVE		2.3 STREET	I ADDRESS				
CITY-ST-ZIP	TAMPA FL		2 4 CHY-	S1 - 7/P				
TITLE	DS .	DELETE 811					Change	Addition
NAME	PALORI, VIVIAN		B 2 NAME					
STREET ADDRESS	58 LADOGA AVE		B.3 STREE	1 ADDRESS				
CITY -ST - ZIP	TAMPA FL			\$1 - ZIP		~	Channe	Name -
TITLE		DELETE 4.1				1	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE 4.4 CITY -	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE 6.11		01-ZIF			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-\$1-ZIP				ST-ZIP				
TITLE		DELETE B.					Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	I ADDRESS				
CITY-ST-ZIP			64 CffY-					

14. I do 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.