**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** J57303

1. Corporation Name

PALM SHORES INVESTMENT CORPORATION

Principal Place	of Business	Mailing Address				1 1981114 6111 11111 11111				
5421 COMMERC		5421 COMMERCIAL WAY								
SPRING HILL FL 34606-1498		-5999 COMMERCIAL WAY.STE.104- SPRING HILL FL 34606-1498			DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed				
						02/13/1987				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		Applied F	or
21		26				59-2769401		$\Box$	Not Appli	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22		27			5. Certificate of Status Beside			Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be					
23		28			Trust Fund Contribution			ed to Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible  Personal Property Tax.					
24	25]		30			Personal Property Tax.  10. Name and Address of New R	enistered /			
<u> </u>	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New I	ogistered /	190111	•	<del> </del>
BYLS	SMA, LUCIE	•								
	COMMERCIAL WAY		82			Address (P.O. Box Number is Not Acceptable)				
	E-104									
	NG HILL FL 34606		],	•						
			1	84	City	, •	FL	85 Z	ip Code	}
44 Dureught	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s, the abo	ove-	named corpo	pration submits this statement for the	purpose of	changing	its registe	ered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	thorized i	by ti	he corporation	n's board of directors. I hereby accep	t the appoin	itment as	registere	ď
SIGNATURE										_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I				egistered Agent signature require			DATE EICEDS AN	D DIREC	TODE IN	12
12.	OFFICERS ANI					ADDITIONS/CHANGES TO OF	FICERS AN	Chan		Addition
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NAME	BYLSMA, WILLIAM J. 10117 SUNBURST COURT		1.2 NAME							- 1
STREET ADDRESS				1.3 STREET ADDRESS						
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NAME	BYLSMA, LUCIE		2.2 NAME				•			
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City-St-ZIP				2.4 CITY-ST-ZIP				Chan	ine Di	Addition
TITLE			i i						go [_],	
NAME			3.2 NAM							1
STREET ADDRESS					ADDRESS					}
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NAME			4. 2 NAJ							
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NAME .					ADDDECC					1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		□ DELETE	5.4 C/T) 6.1 TITL		- AP			☐ Chan	ine 🗆	Addition
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I VANIE				STREET ADDRESS						[
STREET ADDRESS			6.3 STR	EE!	ADDKE22					- 1

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ...

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, with all other like empowered.

CR2E034 (11/98)

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90141 042 \*\*\*158.75