

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K15234** (3)

1. Corporation Name
PALM ELECTRONICS MANUFACTURING CORP.



Principal Place of Business: 16115 N.W. 52ND AVENUE, 2000, MIAMI FL 33014, US
Mailing Address: 16115 N.W. 52ND AVENUE, MIAMI FL 33014, US

3. Date Incorporated or Qualified: 02/17/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0050230
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent: FLANDERS, HOWARD L., 16115 N.W. 52ND AVENUE, MIAMI FL 33014
10. Name and Address of New Registered Agent (81-84):
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: FLANDERS, HOWARD L.	1.1 TITLE: VP, S/AS, CFO/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16115 N.W. 52ND AVENUE	CITY-ST-ZIP: MIAMI FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE:	NAME:	2.1 TITLE: D, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME: Paul Goldberg	
		2.3 STREET ADDRESS: 16115 N.W. 52nd Avenue	
		2.4 CITY-ST-ZIP: Miami, FL 33014	
TITLE:	NAME:	3.1 TITLE: P, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: Bruce M. Goldberg	
		3.3 STREET ADDRESS: 16115 N.W. 52nd Avenue	
		3.4 CITY-ST-ZIP: Miami, FL 33014	
TITLE:	NAME:	4.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Rick Gordon	
		4.3 STREET ADDRESS: 230 Devcon Drive	
		4.4 CITY-ST-ZIP: San Jose, CA 95112	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Howard L. Flanders* Howard L. Flanders Date: 4/29/96 (305) 621-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)