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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(3)

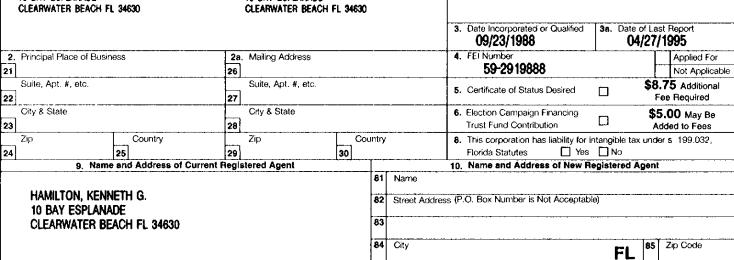
**DOCUMENT #** Corporation Name

PALM	PAVIL	JON,	INC.
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Principal Place of Business 10 BAY ESPLANADE

Mailing Address

10 BAY ESPLANADE



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	h, and accept the obligations of, Section 6	607.0505, Florida Statutes.	11 -is		1/2//2
SIGNATURE	Kenneth G, Ha Signature, typed or printed name of registered agent and ti	nultan .	Rugistered Agent signature required	I flamett	_ 4/34/96
12.	OFFICERS AND DI		13.		FICERS AND DIRECTORS IN 12
Title	DP	DELETE	1.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME	HAMILTON, KENNETH G.	<del></del>	1.2 NAME		
STREET ADDRESS	10 BAY ESPLANADE		1.3 STREET ADDRESS		
C-TY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		
TITLE	DV	□ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, DALE H.		2.2 NAME		
STREET ADDRESS	385 MANDALAY AVE. #3		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		İ
THTLE	DS	☐ DELETE	3. 1 TITLE		Change Addition
NAME	HAMILTON, HOYT P.		3.2 NAVIE		
STREET ADDRESS	1316 EASTFIELD DR.		3.3. STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4. 1 TITLE		Change Addition
NAME	HAMILTON, WADE B.		4.2 NAMÉ		
STREET ADDRESS	1516 BEVERLY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CHTY - ST - ZIP		
TITLE	D	☐ DELETE	5. 1 TOTLE	•	Change Addition
NAME	HAMILTON, HOWARD G.		5 2 NAME		
STREET ADDRESS	909 BAY ESPLANADE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 Ŧt*LE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CrTY-ST-ZiP			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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

CR2E034 (12/95)