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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # K36344

(5)

1. Corporation PALMIEI	RI DEVELOPMENT CORP.	(0)			
Principal Place	of Business	Mailing Address			
784 US HWY 1 P.O. BOX 31358 STE. 22 PALM BEACH GA NORTH PALM BEACH FL 33408		P.O. BOX 31358 Palm Beach Gardens Fi	L 33420-1358		
NOTH PALM	DENON PL 33400			3. Date Incorporated or Qualified 3a. Date of Last Rep	oort
				09/30/1988 04/10/1996	İ
 		2a. Mailing Address			lied For
21 2401 PGA B1-vd Suite Apt #, etc.		Suite, Apt. #, etc.		60 7E .	Applicable
22 Suite 272		27		5. Certificate of Status Desired Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 M		
23 Palm Zφ	Beach Gardens, I	1 428 Zip	Country	Trust Fund Contribution	
24 3341	ļ.— <u>1</u>	·	30	8. This corporation has liability for intangible tax under s. 1 Florida Statutes	199.032,
24 2341	9. Name and Address of Curren	Registered Agent	30]	10. Name and Address of New Registered Agent	
PAI	MIERI, LISA		81 Name		
ì	US HWY. 1		82 Street	Address (P.O. Box Number is Not Acceptable)	
NORTH PALM BEACH FL 33408			240	1 PGA B1vd	
			183	te 272	
			84 City	les Zin Co	ode
			l Pal	m Reach Cardena FL 334	1 0
11. Pursuant to office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State	? and 607.1508. Florida Statute of Florida. Such change was a	es, the above-named uthorized by the corp	corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as re-	registered egistered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Stg. aton. Typed or printed name of registered age.	u and the Lave makin MOTE	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change	Addition
NAME	PALMIERI, LISA		1.2 NAME		
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		1.3 STREET ADDRESS	2401 PGA Blvd - Suite 272	
CITY-ST-ZIP	NORTH PALM BEACH FL 334)8	1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change	Addition
TITLE		L J OLEKIE	3.1 MAME	Last Chiango	Addition
NAME Street Address			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE	Change	Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
DITY-ST-7₽			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF		The str	5.4 CITY-ST-ZIP		Addition
TITLE		LJ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ov certify that the information supplier	I with this filing does not qualif	6.4 CITY-ST-ZiP	Listated in Section 119.07(3)(i), Florida Statutes. I further certify that the	30
l informatio	n indicated on this annual report or s	upplemental ännual report is tr	ue and accurate and	If that my signature shall have the same legal effect as if made unde report as required by Chapter 607, Florida Statutes; and that my na	er oath: that

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR