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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90035 035 ***150.00

1. Corporati	JMENT # K54342 on Name NDLE PALMS CORPORATION						
Principal Pla	ce of Business	Mailing Address				JI Bibil Bibi l Bibi l	
140 OVERBROOK BLVD 140 OVERBROOK BLVD				J	÷		
BELLEAIR BLUFF FL 34640 BELLEAIR BLUFF FL 34640				ĺ	•		
					DO NOT WRITE IN TH	IIS SPACE	
				ſ	3. Date Incorporated or Qualifed		
0.00	25			_	12/28/1988		
_ ·	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
Suite, Apt	# ata	26	.		<u>65-0091855</u>	N	ot Applicable
22	. #, etc.	Suite, Apt. #, etc.		1	5. Certificate of Status Desired		Additional
City & Sta	te	City & State				Fee R	equired
23		⊢ '		1	6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Zip	Country		rrust rund Contribution .		to Fees
24 337		<u>⊢</u> ,	Country 30 くび/	,	8. This corporation owes the current year		_
	9. Name and Address of Current		30 7 7 7		Personal Property Tax.	yaYes	□No
			81 Na	ame	10. Name and Address of New Registere	d Agent	
BRYANT, WINSTON, CPA						•	
140 OVERBROOK BLVD			82 St	reet Address	(P.O. Box Number is Not Acceptable)		
BELLEAIR BLUFFS FL 34640			83				
							•
				ty	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nar	med comorat	, , , , , , , , , , , , , , , , , , , 		3770
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was au	thorized by the o	corporation's	tion submits this statement for the purpose of board of directors. I hereby accept the app	ointment as re	registered gistered
SIGNATURE	and date described	713 OI, Dection 007.0000, Flori	da Statutes.				-
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signa	ature required whe	en reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	COLLINGS, RAYMOND G.		1.2 NAME		•		_
STREET ADDRESS	11875 GULF BLVD		1.3 STREET ADDR	RESS	•		
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 C/TY-ST-ZIP	Ì			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	İ		•	_
STREET ADDRESS			2.3 STREET ADDRI	ESS			1
CITY-ST-ZIP			2.4 CITY-ST-ZIP			•	1
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			. 3.2 NAME		•		_ [
STREET ADDRESS			3.3 STREET ADORE	ESS	•		-
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME STREET ADDRESS			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRE	ESS			
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP				
NAME		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
STREET ADDRESS		İ	5.2 NAME				
			5.3 STREET ADDRE	SS			
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP				
		☐ DELETE	6.1 TITLE			Change	☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP