FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:05

DOCUMENT # K72945 (4)

1. Corporation Name
PALM STATE EQUITIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
12597 WALSINGHAM RD. SUITE 3 LARGO FL 34644	12597 WALSINGHAM RD. SUITE 3 LARGO FL 34644

3. Date Incorporated or Qualified: 03/15/1989
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 721 IMAR DR.	26 721 IMAR DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SUN CITY CENTER FL	28 City & State: SUN CITY CENTER FL
24 Zip: 33573 25 Country: USA	29 Zip: 33573 30 Country: USA

4. FEI Number: 59-2935324 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUBEROSA, RICK 12314 MALLORY DR. LARGO FL 34644	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC	11 TITLE	☐ Change ☒ Addition D
NAME	LUCAS, TIMOTHY	12 NAME	ALEX GRAVESON
STREET ADDRESS	5683 KINGFISH DR	13 STREET ADDRESS	13500 WALSINGHAM RD. Apt. 13
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	LARGO FL 34644
TITLE	S	21 TITLE	☐ Change ☒ Addition D
NAME	MORGAN, DIANE	22 NAME	MARC VOU
STREET ADDRESS	244 145TH AVE E	23 STREET ADDRESS	712 KINGSTON CT.
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	APOLLO BEACH FL 33572
TITLE	DV	31 TITLE	☐ Change ☒ Addition D
NAME	PERKINS, M J	32 NAME	LARRY SAUNDERS
STREET ADDRESS	360 CLUB MANOR DR.	33 STREET ADDRESS	11189 100TH ST N.
CITY-ST-ZIP	SUN CITY CENTER FL 33573	34 CITY-ST-ZIP	LARGO FL 34643
TITLE	PCEO	41 TITLE	☐ Change ☐ Addition
NAME	TUBEROSA, JAMES RICHARD	42 NAME	
STREET ADDRESS	12314 MALLORY DR.	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAHIN, RALPH C.	52 NAME	
STREET ADDRESS	3902 BAY VISTA AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	~~☒ Change~~ ☐ Addition D
NAME	~~ABDERLY, JANE~~	62 NAME	PAULINE GOLDEN
STREET ADDRESS	~~1500 49TH ST N~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	64 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)(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.

SIGNATURE: Rick Tuberosa 4-25-95 813-634-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043120 CP