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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

GREENACRES FL 33463 1263

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

% SEAN M. WALSH

2303 23 LN

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78052

(3)

Mailing Address

2303 23 LN

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% SEAN M. WALSH

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

GREENACRES FL 33463-1263

PALM WAY PRODUCTIONS, INC.

Country

9. Name and Address of Current Registered Agent

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RUGGIERO, JOSEPH 2424 24TH LN

GREEN ACRES FL 33463

FILED
Aug 12 1998 8:00am
Secretary of State



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Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

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SIGNATURE	Signature, typed or pooled name of registered agent and	titee if applicable (NO	IE: Registered Agent signature roqu	red when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		IN 12
TITLE	D	DELETE	1.5 TITLE	Change	Addition
NAME	WALSH, SEAN		1.2 NAME		
STREET ADDRESS	23 03 23 LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL		1.4 CHY-ST-ZIP		
TITLE	Ď	DELFTE	2.1 TITLE	☐ Change	Addition
NAME	WALSH, CHRISTINE		2.2 NAME		
STREET ADDRESS	23 03 23 LN		2.3 STREET ADDRESS	₩ 1. His High Control of the Contr	
CITY-ST-ZIP	GREENACRES FL		2.4 CITY-ST-ZIP	A Real Lague	
TITLE	Ď	☐ DELETE	3.1 TITLE	Change	Addition
NAME	RUGGIERO, JOSEPH		3.2 NAME		
STREET ADDRESS	2424 24TH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	G REENACRES FL		3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY-S1-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the in	

14. Thereby 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 Scurate 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 of unstee perpowered 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.