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

PROFIT

SIGNATURE:

CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (3)K80583 PALM REFERRALS, INC. Principal Place of Business Mailing Address 10010 U.S. 19 10010 U.S. 19 PT. RICHEY FL 34668 PT. RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2946239 Not Applicable 21 26 Suito, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 凶 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intaggible 24 29 30 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name FRANK, JOHN 10010 U.S. HIGHWAY 19 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 84 City 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 Signature, typed or printed name of registernal agent and title if applicable (NOTE Flagistered Agent signature required whon reinstating) (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PST TIFLE DELETE 1.1 TOTLE Change Addition FRANK, JOHN NAME 1.2 NAME CR2E034 10010 US 19 STREET ADDRESS 1.3 STREET ADDRESS PT. RICHEY FL CITY-ST-ZIP 1.4 City - ST-7IP Change DELETE noitibhA TITLE 2.1 TITLE FRANK, JOHN 2 2 NAME 10010 US 19 2.3 STREET ADDRESS STREET ADDRESS PT. RICHEY FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAM 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Channe Addition DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 affachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

Mar 24 1998 8:00am

813-868-2121