Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90071 027 ***150.00

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**

	1000								
DOCUN 1. Corporation	MENT # K	(80583							
PALM REFERRALS, INC.									
INCHINE	i Ellineo, mo	•		÷					
Principal Place of Business			Mailing Address			110010011111111111111111111111111111111			
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 Qualifect	l		
					_	04/14/1989	•		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		⊢	lied For
21			26			59-2946239	<u> </u>	-\$8.75-A	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Rec	
22			City & State			6 Fleetien Composing Financing \$5.00 May Re			
City & State			28			Trust Fund Contribution Added to Fees			
23 Zip	Zip Country		Zip Country			8. This corporation owes the current year Intangible			
24	25	25 29 30		0		Personal Froperty Tax:		□No	
	9. Name and Ad	dress of Current Re	gistered Agent		Т-1	10. Name and Address of New	Registered	Agent	
CDAN	IN TORN			81	1				
Frank, John 10010 U.S. Highway 19			82 Street Ac			dress (P.O. Box Number is Not Accep	table)		
PORT RICHEY FL 34668				83	.				
TOTAL MONEY TE GROOM									
				84	City		FL	85 Zip C	ode
11 Dureuant	to the provisions of	Sections 607 0502 and	1 607 1508, Florida Statutes	s, the abov	/e-named cor	rporation submits this statement for th	e numose of	changing its i	registered
			orida. Such change was aut of, Section 607.0505, Florid			tion's board of directors. I hereby according	ept the appor	ntment as reg	listerea
SIGNATURE	in izililizi wan, ana	шооорг ило одинда	.,						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					ent signature requi	red when reinstating) ADDITIONS/CHANGES TO O	DATE EFICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AND DIRE		RECTORS	13.		ADDITIONS/CHANGES TO C	THOERO AL	Change	Addition
TITLE	PST FOUN		1.21						
NAME	FRANK, JOHN 10010 US 19				ET ADDRESS				ļ
STREET ADDRESS	PT. RICHEY FL.			1,4 CITY-					
CITY-ST-ZIP TITLE	D			2.1 TITLE				☐ Change	Addition
NAME	FRANK, JOHN			2.2 NAME					İ
STREET ADDRESS	10010 US 19		2.35		ET ADDRESS				}
CITY-ST-ZIP	PT. RICHEY FL			2. 4 CITY-			<u> </u>	Change	Addition
TITLE			☐ DELETE	3.1 TITLE				Citalige	C Addison
NAME				3.2 NAME					ļ
STREET ADDRESS				1	ET ADORESS				
C/TY-ST-ZIP			☐ DELETE	3.4. CITY- 4.1 TITLE				☐ Change	☐ Addition
TITLE			Car Occario	4. 2 NAME					,
NAME STREET ADDRESS					ET ADDRESS				1
1				4.4 CITY-	1	_			
CITY-ST-ZIP			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME		•		•	
STREET ADDRESS					ET ADDRESS				,
CITY-ST-ZIP				5.4 CITY-				Change	Addition
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition

14. I hereby certify that the information supplied with this filling 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 regeiver of 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 with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Daytime Phone #