

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K89978** (6)
1. Corporation Name
PALERMO-LONG REALTY, INC.



Principal Place of Business: **204 E OCEAN AVE LANTANA FL 33462 US**
Mailing Address: **204 E OCEAN AVE LANTANA FL 33462 US**

3. Date Incorporated or Qualified: **05/22/1989**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **65-0132275**
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

2. Principal Place of Business: **21 Same**
2a. Mailing Address: **26 Same**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, ROBERT L.
204 E OCEAN AVE
LANTANA FL 33462**

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: _____ (Signature, typed or printed name of registered agent for the corporation) DATE: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: D	LONG, ROBERT L. <input type="checkbox"/> DELETE	1.1 TITLE: P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LONG, ROBERT L.		1.2 NAME: Robert L. Long	
STREET ADDRESS: 204 E COEAN AVE		1.3 STREET ADDRESS: 204 E. Ocean Ave.	
CITY-ST-ZIP: LANTANA FL		1.4 CITY-ST-ZIP: Lantana, FL 33462	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME:		2.2 NAME: Susan B. Long	
STREET ADDRESS:		2.3 STREET ADDRESS: 204 E. Ocean Ave.	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: Lantana, FL 33462	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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)(k), 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: _____ Pres **4/22/96** **407-582-5338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)