·· ·	PLEASE READ		CTIONS BEFORE (ING THIS FORM	
		E FIT A DE	A FINENT OF STATE In the mortham Detainy of State N OF CORPORATIONS			D
	UMENT # K9702		-ste pole	an	97 OCT 31 PM	3: 08 STATE
PALM	INVESTMENT SERVICES	5, INC.	Ague adagt		SECRETARY OF TALLAHASSEE F	LORIDA
Principal Place of Business 9404 SEMINOLE BLVD 7800 113TH STREET NORTH. SUITE 202 SEMINOLE FL 34642 US 33772 If above addresses are incorrect in any way, line through incorrect information and enter correction						
2. New Pr	rincipal Office Addross, If Applicable	3. New Mailing Offi	ce Address, If Applicable	4. Date Incorp To Do Busir	orated or Qualified ness in Florida 06/	19/1989
City & Stat	ninole, Florioz	City & State		5. FEI Number	59-2953485	Applied For Not Applicable
Zip 331 7 Names	and Street Addresses of Each Officer and/	Zip 38772	Country USA	L		5 Additional Fee required r a Certificate of Status
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box f	City / State / Zip			
DP	PALM, PAUL G. 9404 SEN		Seminole BLVD	SEMINOLE FL		
				9000023376792 -11/04/9701058011 *****165.00 *****165.00		
	8. Name and Address of Current R	egistered Agent	Name	9. Name and A	Address of New Registered A	
	Paul G. Seminole Blvd		P.O. Box Number is Not Acceptable)			
suite Semin	202 IOLE FL 34642	Suite, Apt. #, Etc. City	City State Zip Code			
10. I, being Signature c Registered	Agent	e named corporation,		bligations of Section	on 607.0505, F.S. Date _/ O - 2.9	8-97
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 🖌 No 🗌						
12. I certify this rein owed by	y that I am an officer or director or the receiv istatement application, the reason for dissol y the corporation have been paid and the n application is true and accurate, and my sig	er or trustee empower ution has been elimina ames of individuals lis	red to execute this application as p ated, the corporate name satisfies ted on this form do not qualify for same legal effect as if made under	provided for In cha the requirements an exemption uno roath.	of section 607.0401 or 617.040	01, F.S., that all fees ne information indicated
SIGINA		TED NAME OF SIGNING	OFFICER OR DIRECTOR	1. P1 (197	Date Day	time Phone #



Polm Investment Services, Inc. Registered Investment Advisor Financial and Investment Counsel 9404 Seminole Blvd. Seminole, FL 33772 Phone: (813) 398-7900 Fax: (813) 398-2825 U.S.: (800) 784-8575

I did not recei 1997 ve a corporate filing form, Evidently, it was sout to the wrow address. Vleave note that you have I Linang address on your application for resultatement. My course address is: 9404 Seminole Blud. Seminole, FloriDa 2:P 33772

A chave sure laved # 16500 Please resistate this corpor

Securities offered through Investment Management & Research, Inc. Member NASD/SIPC A Registered Broker/Deater