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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra 8 Mortham

Secretary of State

	1996		PE CORPORATIONS		
1. Corporation	IMENT # L73: PALETTE INCORPORATI	ζ-,			
Principal Plac		Mailing Address		C DERIBH DI ITAGA CIDA UKAKAKIR B	1847 01847 81844 84011 84011 05811 01841 1861
1529 SE 47 CAPE COR/	TH TER	% RICHARD BUJTAS 1529 SE 47TH TER CAPE CORAL FL 339			
2 Principal D	lace of Business			3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 04/28/1995
21		2a. Mailing Address 26		4. FEI Number 65-0209248	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	Alfa and a second	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip>	Country 25	Ζ(ρ) 29	Country 30	8. This corporation has liability for int Florida Statutes Yes.	angible tax under s. 199,032.
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Reg	
1529 SI	s, richard E 47th ter Coral FL 33904		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	OE Zin Code
SIGNATURE (William typed or printed har is of reference	For Rich	Hrd BUTTH	ation submits this statement for the purpord of directors. Thereby accept the appoint	-96 (AT)
12. Titlé	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME STREET ADDRESS	Bujtas, Richard 1529 Se 47th ter	☐ DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS		RS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIF	CAPE CORAL FL		L4 CITY - ST - ZIP	4	Ä
TITLE		☐ DEFEIE	2 : Trile		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City - St - ZiP			2.4 CITY - ST ZIP		
NAME		DELETE	3 1 THTLE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-SI-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3 4 C(TY - S1 - 2)F 4 1 TITLE		
NAME		_	4.2 NAME		Change Maddition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZiP			4 4 City - \$1 - ZiF		
TITLE		☐ DELETE	5 I HILE		Change Addition
NAME STREET ADODESS			5.2 NAME		_
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 C(TY - S) - Z(P)		
NAME		□ prtftf	6 1 TITLE		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY - ST - ZiP			6.4 Gray - ST - ZIP		

64.6(fy: \$1-2)P

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 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:

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATU