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

**CORPORATION** 



FLORIDA DEPARTMENT OF STATE

May 14 1998 8:00am

## Sandra B. Mortham

ANN	UAL REP <b>1998</b>	1998			Secretary of State DIVISION OF CORPORATIONS						Secretary of State					
DOCUMENT # L73906 (4) PALMETTO AND 61ST WAREHOUSE, INC.												. <b>8</b> 111 <b>5</b> 1 <b>5</b> 14 <b>3</b> 4 <b>5</b> 1	i Alak araji i	Eldir <b>d</b> i	<b>1</b> 11 (88)	
		<b></b>				·										
Principal Plac		Mailing Address								Bill Glaff Bibli	L MARKE ANDRE I	J1911 B1	911 1091			
% ÉDWARD W. EASTON 300 GRECO AVE.				% EDWARD W. EASTON 300 GRECO AVE.												
CORAL GABLES FL 33146				CORAL GABLES FL 33146				280			DO NOT WR		SPACE			
											3. Date Incorporated or Qualifie	d				
2. Principal F	Place of Busi	ness		2a.	Mailing A	Address					05/18/1990 4. FEI Number		<del></del>	Appl	ied For	
21				26							65-0196138			<del>- ' '</del>	Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.7			
City & Sta					Con S State									Requ		
23				City & State							6. Election Campaign Financing Trust Fund Contribution		9.7¢	UU M. ed to i		
Zip		C	ountry		Ζφ		Cou	intry			8. This corporation owes or has					
24	25 29						30				Personal Property Tax due June 30.  Yes No					
9, Name and Address of Current Registered Agent											10. Name and Address of New	Registered	Agent			
EASTON, EDWARD W.								81								
300 GRECO AVE. CORAL GABLES FL 33146							82 Street Addre			ss (P.O. Box Number is Not Accep	iable)					
OUTING CADELED TE SOTHO							83									
								В4	City				85 Z	ip Co	Ne	
												FL	<u> </u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida, Such change was authorized by the collegent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.											ration submits this statement for the n's board of directors. I hereby acc	a purpose o cept the apt	ıf changin pointment	g its re as re	egistered gistered	
SIGNATURE	Shoot up to to to	Lor punts	d name of registered agent	and little if	neuric otde	AIOTE	Panislava	d Ans	nt nionalure	See ired	i when reinstating)	DATE				
12.	algitations, types	z ca jante	OFFICERS AND			(NOT	13.	- Age	THE SHARE	- requireu	ADDITIONS/CHANGES TO OF		D DIRECT	ORS	N 12	
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NAME							6.2 N							•		
STREET ADDRESS	· .						6.3 ST	REET.	ADDRESS	1						

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 autocomposition of the corporation of 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 autocomposition 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 autocomposition 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 autocomposition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE.