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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M15020

(4)

1. Corporation Name

PALME	tto Pri	NTING, INC.									
Principal Place of Business Mairing Address								T INDINEST (A) STADE BILLS DOLLO LIE	H 86 0 8 190 8 10	.) 01011 510	IN BIBN AFRI FRA
8875 SW 131 10700 S.W. 1		% LINDA SALISBURY 10700 S.W. 118TH STREET MIAMI FL 33176									
MIAMI FL 33176 US							3. Date Incorporated or Qualified 3a. Date of Last Report				
us								05/06/1985	0	3/01/1	
2. Principal Plac	ce of Busine	SS	2a	. Mailing Address				4. FEI Number		L	Applied For
11								59-2535122 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22											Required
City & State		ļ,	Oity & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
23			28		T			This corporation has liability for			
Ζip	-	Country		<i>Σ</i> φ 		untry			s ∐No	,x under :	5 (99.002,
24		25 and Address of Curre	29	_1				10. Name and Address of New Registered Agent			
	9. Name	and Address of Corre	it neg	Steled Agent		81	Name	10.			
											
SALISBURY, LINDA						82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
10700 S.W. 116TH ST.						83					
miami f	L 33176										
						84	City		FL	85	Zip Code
or registere familiar with	ed agent, or h, and acce	ons of Sections 607,090 both in the State of Flor of the obligations of, Sec or professionable of registers is gen	ida. Su. Lon 607	th change was author 7.0505, Florida Statute	ized by the :S	cort	oration s tota	ration submits this statement for the pard of directors. Thereby accept the ap	pointment as	registore	ed agent. I am
12.		OFFICERS AN			13			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	IORS IN 12
TITLE	D			☐ DELETE	1.1	TITLE			Į	Cnange	e 🔲 Addition
NAME	SALISE	BURY, C. DAVID			12	NAME	ŀ				
STREET ADDRESS		W 131ST STREET			13	STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI				14	CITY -	S'-7.P				
TITLE	DS DELETE				2 1	117LE				☐ Change	e 🔲 Addition
NAME		BURY, LINDA			2.2	NAME					
STREET ADDRESS		W 131ST STREET			2.3	STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI				24	CHY-	\$1 - 216				
T-TLE	1112 4111			☐ DFLETE	3 !	TITLE				🔲 Chang	e 🔲 Addition
NAME					32	NAME					
STREET ADDRESS					3.3	STREE	ET ADDRESS				
CITY-ST-ZIP					3.4	<u>C ! Y -</u>	ST - ZiP				
TITLE				DELETE	4 1	IIILE				Chang	e 🔲 Addition
NAME					42	NAME					
STREET ADDRESS					43	STREE	ET ADDRESS				

6.4 CHY - ST-ZIP CITY-ST-ZIP 14. To 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 comporation 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 12 if planged or on an attachment with an address.

4.4.0(1) - ST. ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST. Z/P.

5 1 THILE

5.2 NAME

8 i litle

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - \$T - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

4/2/96 305-253-2444

Change

___ Change

Addition

Addit on