

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

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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M51845**
1. Corporation Name **PALMETTO HOLDING, CORP.**

Principal Place of Business 5870 SW 86th Street S. Miami, FL 33143	Mailing Address 5870 SW 86th Street S. Miami, FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5870 SW 86th Street Suite, Apt. #, etc.		2a. Mailing Address 26 5870 SW 86th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified May 8, 1987	
22 City & State 23 S. Miami, FL 33143 Zip		27 City & State 28 S. Miami, FL 33143 Zip		4. FEI Number 59-2828994 Applied For <input type="checkbox"/> Not Applicable	
24 33143 25 USA		29 33143 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent John T. Prah1, Esq., 4221 Salzedo Street Coral Gables, FL 33146		10. Name and Address of New Registered Agent B1 Name John T. Prah1, Esq., B2 Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce de Leon Blvd. B3 Suite 1155 B4 City Coral Gables FL B5 Zip Code 33134	
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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 *John T. Prah1* **John T. Prah1** DATE **2/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input type="checkbox"/> DELETE John T. Prah1, Esq., 2801 Ponce de Leon Blvd. #1155 Coral Gables, FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer <input type="checkbox"/> DELETE H. William Prah1, III 5870 SW 86th Street S. Miami, FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE Winifred D. Prah1 4221 Salzedo Street Coral Gables, FL 33146	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby 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 attachment with an address.

SIGNATURE: *John T. Prah1* **John T. Prah1;** DATE **2/17/98** (305) 443-7890

CR2E034 (10/97)