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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # M81794 (3) PALM CORNER, INC. Mailing Address Is N. KROWE AVE PO. 60X 578 P.O. 60X		NNUAL REPORT Secretary of Division of Cor		of State		Secretary of State		
Principal Place of Business	DOCU	MENT # M81794	4 (3)			1		
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16 N. KROME AVE P.O. BOX 578 P.O. BOX 1000 P.O. BOX 10	Principal Pho-	a at Ruemace	Mailing Address					
S. Date Incorporated or Qualified Of July 1998 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O5/19/1988 3. Date of Last Report O5/19/1988 4. FEI Number	16 N. KROME AVE							
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BISHOP, CLINTON J. 16991 S.W. 266TH TERRACE HOMESTEAD FL 33031 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 City FL 85 Zip Code 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 City 87 Street Address (P.O. Box Number is Not Acceptable) 88 City Street Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Zip Code 8	Zip	···	Zıp	-		8. This corporation has liability for it	ntangible tax under s.	
16991 S.W. 268TH TERRACE HOMESTEAD FL 33031 82 Street Address (P.O. Box Number is Not Acceptable) 83 Record 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 regist 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 register agent. Tam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature: Signature: OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTE D OFFICERS AND DIRECTORS IN 12 INTE D OFFICERS AND DIRECTORS IN 13. STREET ADDRESS SIGNATURE: SIGNATURE: OFFICERS AND DIRECTORS IN 12 INTE D OFFICERS AND DIRECTORS IN 12 INTE I		g. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	
HOMESTEAD FL 33031 83 84 City FL 85 Zip Code Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE. Signature. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADAMS, JAMES K. SIRRET ADDRESS CITY-S1-ZIP DURKETT, ROBERT O. 1850 S.W. 295TH TERR. 29 ANME BISHOP, CLINTON, JR. 1869 J.WAME BISHOP, CLINTON, JR. 1869 J.W. 266 TERR 30 STREET ADDRESS CITY-S1-ZIP HOMESTEAD FL. 30 STREET ADDRESS 1869 J.W. 266 TERR 30 STREET ADDRESS 1871 S.T. ZIP 1871 S.T. ZIP Change AC Ch	16991 S.W. 266TH TERRACE				Name			
B3 B4 City FL B5 Zip Code					Street Addr	ess (P.O. Box Number is Not Acceptab	ile)	
1. 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 regist 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 register agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and little displacable. (NOTE: Registered Agent signature required when reinstating) DATE 2. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ADAMS, JAMES K. 112 NAME ADAMS, JAMES K. 112 NAME 113 STREET ADDRESS 636 S.W. 7TH ST. 114 CITY-SI-ZIP INCE D DELETE 1.1 TITLE Change AC Cha	HON	NEGIEND PL 33031		83				
II. 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 register of agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature, byted or prosted agent and the if applicable (NOTE: Registered Agent signature required when renatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME ADAMS, JAMES K. 12. NAME ADAMS, JAMES K. 636 S.W. 7TH ST. FLORIDA CITY FL DITLE D DELETE 1.1 TITLE D Change AC Change AC				84	City		85 Zin C	orde
Stignature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12 DELETE 1:1 TITLE		to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607,1508, Florida Statute of Florida. Such change was at ations of, Section 607,0505, Flor	s, the above thorized by ida Statutes	e-named corporate	poration submits this statement for the prior is board of directors. I hereby acceptions		registered egistered
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