

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90045 023 ***150.00

05/7/2005

DOCUMENT # M81794

1. Corporation Name
PALM CORNER, INC.

Principal Place of Business
16 N. KROME AVE
P.O. BOX 578
FLORIDA CITY FL 33034
US

Mailing Address
% MICHAEL E. WATKINS
P.O. BOX 578
HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1988

4. FEI Number
65-0061785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 33090 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, CLINTON J.
16991 S.W. 266TH TERRACE
HOMESTEAD FL 33031

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Clinton J Bishop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ADAMS, JAMES K.
STREET ADDRESS 636 S.W. 7TH ST.
CITY-ST-ZIP FLORIDA CITY FL

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME BISHOP, CLINTON, JR.
STREET ADDRESS 16991 SW 266 TERR
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 305247-2126

Date

Daytime Phone #

CR2E034 (1/1/98)