

FILE NOW: FILING FEE IS \$61.25

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**May 09 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002121 (0)

1. Corporation Name
PALM ACTS CHARITIES CORP.



Principal Place of Business Mailing Address
**1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442** **1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442-7734**

3. Date Incorporated or Qualified **04/27/1995** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0576151		Applied For	
21		26				Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN ARNEM, HAROLD L 1301 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VAN ARNEM, HAROLD L			1.2 NAME			
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH FL 33442			1.4 CITY - ST - ZIP			
TITLE	ATD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VAN ARNEM, HEIDI L			2.2 NAME			
STREET ADDRESS	6139 DAKOTA CIRCLE			2.3 STREET ADDRESS			
CITY - ST - ZIP	BLOOMFIELD HILLS MI 48301			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ALLEN, BETTY E			3.2 NAME			
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH FL 33442			3.4 CITY - ST - ZIP			
TITLE	DC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLS, FREDDY J II			4.2 NAME			
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH FL 33442			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			
				100002185231 -05/20/97--01077--002 ***61.25			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty E Allen Date: 4/29/97 Daytime Phone #: 954-419-1370

CR2E037 (9/96)