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FILED

May 09 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

Mailing Address

1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442-77343. Date Incorporated or Qualified  
04/27/19953a. Date of Last Report  
04/29/1996

4. FEI Number

65-0576151

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

VAN ARNEM, HAROLD L  
1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME VAN ARNEM, HAROLD L  
STREET ADDRESS 1301 WEST NEWPORT CENTER DRIVE  
CITY - ST - ZIP DEERFIELD BEACH FL 33442TITLE ATD ☐ DELETENAME VAN ARNEM, HEIDI L  
STREET ADDRESS 6139 DAKOTA CIRCLE  
CITY - ST - ZIP BLOOMFIELD HILLS MI 48301TITLE PD ☐ DELETENAME ALLEN, BETTY E  
STREET ADDRESS 1301 WEST NEWPORT CENTER DRIVE  
CITY - ST - ZIP DEERFIELD BEACH FL 33442TITLE ~~DE~~ ☒ DELETENAME ~~MILLS, FREDDY J H~~  
STREET ADDRESS ~~1301 WEST NEWPORT CENTER DRIVE~~  
CITY - ST - ZIP ~~DEERFIELD BEACH FL 33442~~TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

100002185231

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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  
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

4/29/97

954-419-1370

Date

Daytime Phone # 0042962

CR2E037 (9/96)