

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90031 015 ****61.25

DOCUMENT # N95000006003

1. Corporation Name
PALM TRAN, INC.

Principal Place of Business	Mailing Address
301 NORTH OLIVE AVE., STE. 1101 WEST PALM BEACH, FL 33401	3201 ELECTRONICS WAY WEST PALM BEACH, FL 33407

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/21/1995 4. FEI Number 65-0627086 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CURE, IRVING 1440 P.B.I.A., BLDG. S W. PALM BEACH FL	10. Name and Address of New Registered Agent 81 Name ROBERT W. FINKE 82 Street Address (P.O. Box Number is Not Acceptable) 3201 ELECTRONICS WAY 83 EXECUTIVE DIRECTOR 84 City WEST PALM BEACH FL 85 Zip Code 33407
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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 Robert W. Finke **ROBERT W. FINKE** **EXECUTIVE DIRECTOR** 5-25-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISMAN, ROBERT 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D LEE, MAUDE FORD 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AARONSON, BURT 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D MASILOTTI, TONY 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, KAREN T. 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CAROL A. 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, WARREN H. 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, MARY 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	6.1 TITLE 6.2 NAME 6.3 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of the corporation, on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Finke **ROBERT WEISMAN** 5/25/99 561-355-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)