2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90005 013 ****61.25

DOCUMENT # N95000006003

1. Entity 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

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0627086
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAULL, PERRY J
3201 ELECTONICS WAY
EXECUTIVE DIRECTOR
WEST PALM BEACH, FL 33407-4618

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Perry J. Maull, Executive Director 1-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOONS, JEFF
STREET ADDRESS	301 NORTH OLIVE AVE 12TH FL
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	AARONSON, BURT
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MARCUS, KAREN T
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MASILOTTI, TONY
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	NEWELL, WARREN H
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MCCARTY, MARY
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [signature] 1/13/04 355-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #