

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31949** (1)
1. Corporation Name
PALMCOS INC.



Principal Place of Business **RICHARD**
JOHN IMMES
2400 MIAMI CENTER STE 100
MIAMI FL 33131
US
1 SE 3RD AVE, 17TH FLOOR
MIAMI, FL 33131

Mailing Address
JOHN IMMES
2400 MIAMI CENTER STE 100
MIAMI FL 33131
US
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE S.E. THIRD AVE. Suite, Apt. #, etc. 22 SUITE 1700 City & State 23 MIAMI FL Zip 24 33131	2a. Mailing Address 26 ONE S.E. THIRD AVE. Suite, Apt. #, etc. 27 SUITE 1700 City & State 28 MIAMI, FL Zip 29 33131	3. Date Incorporated or Qualified 11/28/1990	4. FEI Number 65-0227422 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS TITLE PD NAME HERETH, HANNJOERG STREET ADDRESS ONE SE THIRD AVE #1700 CITY-ST-ZIP MIAMI FL DELETE <input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE HERETH, HANNJOERG 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE VICE PRESIDENT/SECRETARY/TREASURER 2.2 NAME RAZOOK, RICHARD J. 2.3 STREET ADDRESS ONE S.E. THIRD AVE., SUITE 1700 2.4 CITY-ST-ZIP MIAMI, FL 33131 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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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

SIGNATURE:  3/27/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0644069

CR2E034 (10/97)