

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044849 (6)**

1. Corporation Name  
**PALMCO BUILDERS, INC.**



Principal Place of Business <b>4900 DYER BLVD. RIVIERA BEACH FL 33407</b>	Mailing Address <b>5601 CORPORATE WAY SUITE 320 WEST PALM BEACH FL 33407-2043 US</b>
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3. Date Incorporated or Qualified <b>06/24/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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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	4. FEI Number <b>65-0423179</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SULLIVAN, PATRICK L 5601 CORPORATE WAY, SUITE 320 WEST PALM BEACH FL 33407</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2001 A Australian Avenue</b> 83 84 City <b>Riviera Beach,</b> <b>FL</b> 85 Zip Code <b>33404</b>
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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 607.0503, Florida Statutes.

SIGNATURE **Patrick Sullivan** DATE **4/19/97**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b> <input type="checkbox"/> Addition	
NAME <b>SULLIVAN, PATRICK</b>		1.2 NAME	
STREET ADDRESS <b>5601 CORPORATE WAY, SUITE 320</b>		1.3 STREET ADDRESS <b>2001 A Australian Avenue</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>Riviera Beach, FL 33404</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Change</b> <input type="checkbox"/> Addition	
NAME <b>PETERSON, DARRELL L</b>		2.2 NAME	
STREET ADDRESS <b>5601 CORPORATE WAY, SUITE 320</b>		2.3 STREET ADDRESS <b>2001 A Australian Avenue</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		2.4 CITY-ST-ZIP <b>Riviera Beach, FL 33404</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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

SIGNATURE: **Patrick Sullivan** DATE **4/19/97** (561) 848-1616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)