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

Mailing Address

470 MAIN STREET

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

470 MAIN STREET



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 04 1998 8:00am

Secretary of State

5 M. - 6 1998 8137761931

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051375 (2)

R.A. PALM, CONSULTANT & CO.

DUNEDIN FL 34698				PO BOX 100 DUNEDIN FL 34697					DO NOT WRITE IN THIS SPACE		
			US						3. Date Incorporated or Qualified		
									07/16/1993		
2. Principal Place of Business			2a.	2a. Mailing Address					4. FEI Number Applied For		
21			26						<b>59-3191000</b> Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be		
23			28	28					Trust Fund Contribution Added to Fees		
Zip Country				Zip Country			гу		8. This corporation owes or has paid the current year Intangible		
24		25	29		30				Personal Property Tax due June 30. 🔲 Yes 📈 No		
		and Address of Curre	nt Regist	ered Agent			- 1	<del></del>	10. Name and Address of New Registered Agent		
	rtman, ro					81	וי	Name			
466 <b>VİR</b> GİNIA LANE				82 Street Ac			2	Street Add	Address (P.O. Box Number is Not Acceptable)		
Dun <b>ed</b> in Fl 34698							_		······································		
						83	3				
						84	4	City	85 Zip Code		
				<del></del>			$\perp$				
11. Pursuant t	o <b>the</b> provis e <b>ciste</b> red ac	ions of Sections 607.05 ient, or both, in the Stati	02 and 60 e of Florid	07.1508, Florida Statu Ia, Such change was	utes, the s author	e abov ized b	ve- ov t	named col the corpor	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered		
agent. I ar	m <b>lam</b> iliar wi	th, and accept the obliq	gations of.	, Section 607. <b>0505</b> , F	Florida S	Statule	es.		,		
SIGNATURE											
	Signature, typod	or printed name of registered ag OFFICERS AN				tered Ag	gen:	. signature requ	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DP	OFFIGERS AP	ALY DINE C	DELETE		.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME		ROCHELLE A				.2 NAME		1	Last Own you have been reacted		
STREET ADDRESS 470 MAIN STREET				1.3 STRE				noneree			
CITY-ST-ZIP		N FL 34698				.3 3 INCC .4 CITY-1		í			
TITLE	SDT	1116 01000		DELETE		A TITLE		201	Change Addition		
NAME		AN, ROBERT W		—		2 NAME			_ · -		
STREET ADDRESS 466 VIRGINIA LANE				2.3 STREET ADDI				ODRESS			
CITY-ST-ZIP		N FL 34698			- 1	4 CITY-		[			
TITLE				DELETE	_	1 TITLE		-	Change Addition		
NAME					3	.2 NAME	Ī				
STREET ADDRESS					3	.3 STREE	ET AI	DDRESS			
CITY-ST-ZIP					3	.4. CITY-	- ST-	:-ZIP			
TITLE				DELETE	1	.1 TITLE			Change Addition		
NAME					4	. 2 NAME	E				
STREET ADDRESS					4	3 STREE	ET AI	DDRESS			
CITY-ST-ZIP					4	4 CITY-	ST-	- ZIP			
TITLE	_			DELÉTE	5	1 TITLE			☐ Change ☐ Addition		
NAME					5	2 NAME	7				
STREET ADDRESS					5	3 STREE	ET A	.DDRESS			
CITY-\$T-ZIP					5	4 CITY-	ST-	- ZIP			
TITLE				☐ DEL <b>e</b> te	6	.1 TITLE			Change Addition		
NAME					6	.2 NAME					
STREET ADDRESS					6	.3 STREE	ET A	DDRESS			
CITY-ST-ZIP						4 CITY-					
14. I hereby c	ertify that th	e information supplied vial report or supplied v	with this fi al annual	ling does not qualify report is true and ac	for the	exemp and th	ption	on stated in t my signat	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
officer or	director of th	ne corporation or the rec	eiver or t	rustee empowered to	o execu	ite this	s re	port as re	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in		
BIOCK 12 (	DIBNOCK 13 I	if changed, or on an alta	acament v	viin an address.							