FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:23

DOCUMENT # **P93000068140 (1)**

1. Corporation Name

PALM PRODUCTS INC.

Principal Place of Business	Mailing Address
815 W BOYNTON BEACH BLVD #10-202 BOYNTON BEACH FL 33426	815 W BOYNTON BEACH BLVD #10-202 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1993	3a. Date of Last Report: 05/12/1994
4. FEI Number: 65-0439166	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4744 Poseidon Place	26 4744 Poseidon Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Worth, Florida	City & State 28 Lake Worth, Florida
Zip 24 33463 County 25 Palm Beach	Zip 29 33463 County 30 Palm Bch.

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City FL 65 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (If 11 Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	COX, ALAN	12 NAME	Cox, Alan
STREET ADDRESS	% 815 W BOYNTON BEACH BLVD #10-202	13 STREET ADDRESS	4744 Poseidon Place
CITY-ST-ZIP	BOYNTON BEACH FL 33426	14 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	STOCKHAMMER, STANLEY	22 NAME	Stockhammer, Stanley
STREET ADDRESS	% 815 W BOYNTON BEACH BLVD #10-202	23 STREET ADDRESS	4744 Poseidon Place
CITY-ST-ZIP	BOYNTON BEACH FL 33426	24 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	DONEGAN, MICHAEL	32 NAME	Donegan, Michael
STREET ADDRESS	% 815 W BOYNTON BEACH BLVD #10-202	33 STREET ADDRESS	4744 Poseidon Place
CITY-ST-ZIP	BOYNTON BEACH FL 33426	34 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PERKOWSKI, JONATHAN	42 NAME	Deleted
STREET ADDRESS	% 815 W BOYNTON BEACH BLVD #10-202	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ X 6/8/95 (407) 439-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

0264556 CP