

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000068140 (1)

1. Corporation Name

PALM PRODUCTS INC.



Principal Place of Business: **4744 POSEIDON PL LAKE WORTH FL 33463 US**
 Mailing Address: **4744 POSEIDON PL LAKE WORTH FL 33463 US**

3. Date Incorporated or Qualified: **09/30/1993**
 3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business: **609 2nd Ave. S.**
 2a. Mailing Address: **P.O. Box 15**

4. FEI Number: **65-0439166**
 Applied For: Not Applicable

21. City & State: **Lake Worth, FL**
 22. Suite, Apt #, etc.:
 27. City & State: **Bonita Beach, FL**

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

23. Zip: **33460** Country: **U.S.A.**
 28. Zip: **33425-0015** Country: **U.S.A.**

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

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:
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. City: **FL** 85. 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, ALAN	
STREET ADDRESS	4744 POSEIDON PL	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOCKHAMMER, STANLEY	
STREET ADDRESS	4744 POSEIDON PL	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONEGAN, MICHAEL	
STREET ADDRESS	4744 POSEIDON PL	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k) 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 617, Florida Statutes, and that my name appears in Block 1 or Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE: *[Signature]* **8/2/96** (561) 586-6332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)