

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **809 2ND AVENUE S. LAKE WORTH FL 33460 US**  
Mailing Address: **P.O. BOX 15 BOYNTON BEACH FL 33425-0015 US**

3. Date Incorporated or Qualified: **09/30/1993**  
3a. Date of Last Report: **08/08/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24), Country (25)  
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29), Country (30)

4. FEI Number: **65-0439166**  
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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name: **Michael Donegan**  
82 Street Address (P.O. Box Number is Not Acceptable): **609 2nd Ave S.**  
83  
84 City: **Lake Worth** FL 85 Zip Code: **33460**

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: *[Signature]* **Michael Donegan Treasurer** DATE: **4/20/97**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Alan Cox</b>
1.3 STREET ADDRESS	<b>609 2nd Ave S</b>
1.4 CITY-ST-ZIP	<b>Lake Worth, FL 33460</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Stanley Stockhammer</b>
2.3 STREET ADDRESS	<b>609 2nd Ave S</b>
2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33460</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Michael Donegan</b>
3.3 STREET ADDRESS	<b>609 2nd Ave S</b>
3.4 CITY-ST-ZIP	<b>Lake Worth, FL 33460</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/19/97**

CR2E034 (9/96)