

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90136 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000068140

1. Corporation Name  
**PALM PRODUCTS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**609 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**

2. Principal Place of Business  
**21 1611 Green Lane**

2a. Mailing Address  
**26**

4. FEI Number  
**65-0439166**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 #9**

Suite, Apt. #, etc.  
**27**

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

City & State  
**23 Lantana FL**

City & State  
**28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
**24 33462 25 USA**

Zip Country  
**29 30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONEGAN, MICHAEL  
 609 2ND AVE S  
 LAKE WORTH FL 33460**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1611 Green Lane**  
 83 #9  
 84 City **Lantana** FL 85 Zip Code **33462**

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 C. Donegan** **3/10/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, ALAN	
STREET ADDRESS	609 2ND AVE S	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOCKHAMMER, STANLEY	
STREET ADDRESS	609 2ND AVE S	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONEGAN, MICHAEL	
STREET ADDRESS	609 2ND AVE S	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1611 Green Lane #9
1.4 CITY-ST-ZIP	Lantana, FL 33462
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1611 Green Lane #9
2.4 CITY-ST-ZIP	Lantana, FL 33462
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1611 Green Lane #9
3.4 CITY-ST-ZIP	Lantana, FL 33462
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **3/10/99** **(501) 586-6332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)