Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

09/30/1993 4. FEI Number

65-0439166

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068140

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1611 Green Lane

PALM PRODUCTS INC.

1	
Principal Place of Business	Mailing Address
609 2ND AVENUE S. LAKE WORTH FL 33460	P.O. BOX 15 BOYNTON BEACH FL 33425-0015
US	US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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

03-11-1999 90136 033 ***150.00



DO NOT WRITE IN THIS SPACE

23 LO	antan a	r L	•	28						Trust	Fund Cor	tribution		Added t	o Fees
Zip	3462	Country	s A	Zip)	30	Country				corporatio	n owes the c erty Tax.	current year	Intangible	™
24 5		9. Name and Address of Current Registered Agent										dress of Ne	w Register	ed Agent	
	9. Italiic	and Addres	3 01 0411011	ii itogistore	ou rigoni		81	Name					<u> </u>		
DONEGAN, MICHAEL							L-							ME 1	
609 2ND AVE S							82	Street	Address	(P.O. Bo	x Numbe	r is Not Acce	eptable)	•	
LAKE WORTH FL 33460							83	₩	-9						ĺ
							84	City /						85 Zip (Code
								1	<u>anta</u>		eita thia st	atomost for	the purpose	L 33	462
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, of 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 familia with and accept the obligations of, Section 607.0505, Florida Statutes.															
agen	t. I am familia	ith, and accer	ot the obliga	tions of, Se	ction 607.0	1505, Florida	Statutes	à				2	1,100	,	J
SIGNATI	$_{ m JRE}$ $_{ m }$	M P			_Mic	hatl	$L \cdot I$		UN		,	<u>্</u>	<i>\ \ \ \ \ \ \ \ \ \ \ \ \ \</i>	<u> </u>	
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12.	D	<u> </u>	FICERS AN	ID DIRECT		LETE	13.		T	ADUIT	IONS/CH	ANGES 10	OFFICERS	Change	Addition
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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 a statistic product of the corporation of t

SIGNATURE: