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

PROFIT CORPORATION **ANNUAL REPORT**

1998

971 SW 7 ST

BOCA RATON FL 33486



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000077785 (2) **DOCUMENT** #

PALIN ENTERPRISES, INC.

1	(ALIN LATEIN (NOLO) INO.				
	Principal Place of Business	Mailing Address		DEN FORBY OUR HEET	
٠	2 00 NW 7 ST BOCA BATON FL 33432 US	200 nw 7f h St Boca raton fl 33432 US	DO NOT WRITE IN THIS SPACE		
			3. Date incorporated or Qualified		
			11/04/1993		
	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
	21 971 SW 7 ST	26 971 SW 7 ST	65-0457580	Not Applica	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 Certificate of Status Desired S8.	.75 Additional	
	City & State	City & State		.00 May Be	

9. Name and Address of Current Registered Agent PALIN, LESLIE A

T -	10. Name and Address of New Registered A	gent	-/
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

8. This corporation owes or has paid the current year Intangible

FILED

Apr 17 1998 8:00am

Secretary of State

Applied For Not Applicable

Fee Required \$5.00 May Be Added to Fees

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

Country

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or prested name of registered agent and title if applicable (NO	ISUE A. P	AUN 4/18/78 Deputed when reinstaine) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	Change Addition					
NAME	PALIN, LESLIE A	1.2 NAME	SAWE					
STREET ADDRESS	200 NW 7TH ST	1.3 STREET ADDRESS	971 SW 7 ST Boca Raton FL 33486					
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Baca Raton FL 33486					
TITLE	DELETE	2.1 TITLE	Change Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	; · ·					
TITLE	DELETE	3.1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP	<u>. </u>	3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition					
NAME		52 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
OTDEET AINDDECC		221000 Table 6 a						

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.