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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION	OF CORPORATIONS				
1. Corporation	JMENT # P9(On Name T PALM, INC.	3000079569 (8)				
Principal Place of Business Mailing Address 105 BROADWAY RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33			33404	. resures: res reses sing easil easil easil et (1 166/6 16/6 16/10 6/10 16/10			
2 Dissipal D	Place of Businoss			3. Date Incorporated or Qualified 11/12/1993	3a. Date 08	of Last F	- 6
21	Tace of Business	2a. Mailing Address		4. FEI Number		`-† j	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0416574			Not Applicable
2		27		Certificate of Status Desired			5 Additional Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
4]	Country 25 9. Name and Address of	Zip 29 Current Registered Agent	Country 30		. □ No	under s	199.032,
		Tollion Hogistered Agent	81 Name	10. Name and Address of New F	Registered A	gent	
OLSZEV	WSKI, YAGA		1.1	odress (F.O. Box Number is Not Acceptat			
105 Broadway Riviera Beach FL 33404			<u> </u>	ess (F.O. Box Number is Not Acceptable)			
RIVIERA	N BEACH FL 33404		83				
			84 City			85 Zı	o Code
11. Pursuant t or register	red agent, or both, in the State	7.0502 and 607.1508, Florida Statu of Florida. Such change was authori	tes, the above named corp	poration submits this statement for the pur	FL pose of chang	l <u> </u>	egistered office
SIGNATURE _	Signature, typed or printed name of register	of, Section 607.0505, Florida Statute	S. Otter Registered Agent signature rough		pose of chang pintment as re	gisterea	agent. I am
SIGNATURE	Signature, typed or printed name of register	nt, Section 607,0505, Florida Statute red agent and site if applicable. (N RS AND DIRECTORS	S. OIF: Registered Agent signature requi	and a control filterary discept the appr	pose of chang pintment as re EMT	IRECTO	RS IN 12
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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.

a OLSZE when 4-2-96 407/863-7097/