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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify to information indicated on this annual report or supplemental annual report is true. I am an officer or director of the corporation or the receiver or trustee empowere.

appears in Block 12 or Block 13 if changed, or on an attachment with an addre-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400007890 (4)

PALLADIAN CORP. OF DEER CREEK

Mailing Address Principal Place of Business 5353 N. FEDERAL HWY 5353 N. FEDERAL HWY SUITE 405 SUITE 405 FT. LAUDERDALE FL 33308 FT, LAUDERDALE FL 33308-3236 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1994 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0468270 21 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LASALLE, THOMAS L 5353 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) SUITE 405 FT. LAUDERDALE FL 33308 83 84 City Zip Code 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signarials, typod or princed hard of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. DELETE Change Addition 1 1 TOTAL TITLE FRARE, MARIO NAM 1.2 NAME **2E034** 3460 D.C. PALLADIAN CR. STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** 1.4 CITY - ST - ZIP CITY - ST - ZF DELETE Change Addition TITLE 2.1 TITLE PALADINO, CARLO 22 NAME NAME 3460 D.C. PALLADIAN CR. STREET ADDRESS 2.3 STREET ADDRESS DEERFIELD BEACH FL 33442 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 313 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4. CITY - ST - ZIP DELETE Change Addition TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 CITY-\$T-ZIP DELETE Change Addition 1 TOLE TITLE 2 NAME NAME STREET ADDRESS 3 STREET ADDRESS

4 CITY - ST - ZIP

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nd accurate and that my signature shall have the same legal effect as if made under oath; that to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #