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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P94000035017

## **FILED** Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90147 050 \*\*\*150.00

PALM VALLEY PARTNERS IN	l <b>.</b>			
rincipal Place of Business				(
ROSCOE BLVD SQ	Mailing Address			
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			DO NOT WRITE IN THIS SPACE	-
Principal Place of Business			3. Date incorporated or Qualifed	<u>-</u>
or Submess	2a. Mailing Address		05/05/1994	
Suite, Apt. #, etc.	26		4. FEI Number	1 0 - 1 - 1 -
, , , , , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.	<del></del>	59-3245708	Applied For
City & State	27		5. Certifcate of Status Desired \$8.7	Not Applicat  5 Additional
	City & State		<del></del>	Additional Required
Zip	28		o, Election Campaign Financing	
Country	Zip	Country	1 rust Fund Contribution	00 May Be ed to Fees
9 Name and Advis	29	30	5. This corporation owes the current was tel	ed to Fees
9. Name and Address of C	Surrent Registered Agent		Cracinal Property Lay	×No
ANTHONY, KATHLEEN B		81 Name	10. Name and Address of New Registered Agent	
9 WILDERNESS TRL S			_ <del></del>	
PONTE VEDRA BEACH FL 32082	•	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
= 1-5,00 BEAUTI FE 32082	2		Not Acceptable)	
		83		
<del></del>		84 City		
ursuant to the provisions of Sections 607	0502 and 607 4500		- 85 Zin	Code
gent. I am familiar with and soon in the Si	tate of Florida, Such change was	tutes, the above-named corr	Poration submite this state	Code
The occupative of	Ulidations of Spotion por Sec.			
41 <i>00</i> E	3-110 01, Gection 607.0505, F	lorida Statutes	on's board of directors. I hereby accept the appointment its	s registered
Signature, typed or printed name of reciptors		lorida Statutes.	poration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re-	s registered egistered
Signature, typed or printed name of registered	agent and title if applicable			s registered egistered
Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NO AND DIRECTORS	Florida Statutes.  TE: Registered Agent signature required.  13.	f when reinstating)	ogistered
Signature, typed or printed name of registered OFFICERS	agent and title if applicable	TE: Registered Agent signature require	f when reinstating)	ogistered
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cated 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 k 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.