

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

**FILED**

**May 14 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000037604 (3)**

1. Corporation Name  
**PALM GENERAL CORPORATION**



|   |   |
|---|---|
| Principal Place of Business<br><b>31731 NORTHWESTERN HWY., SUITE 200 E<br/>STE. 250W<br/>FARMINGTON HILLS MI 48334<br/>US</b> | Mailing Address<br><b>31731 NORTHWESTERN HWY., SUITE 200 E<br/>STE. 250W<br/>FARMINGTON HILLS MI 48334<br/>US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                 |                        |                 |   |  |
|---|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business                  |                 | 2a. Mailing Address    |                 | 3. Date Incorporated or Qualified<br><b>05/16/1994</b>    |  |
| 21 Suite, Apt. #, etc.                          | 22 City & State | 25 Suite, Apt. #, etc. | 26 City & State | 4. FEI Number<br><b>65-0494281</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 23 Zip  | 24 Country      | 27 Zip                 | 28 Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |
| 9. Name and Address of Current Registered Agent |                 |                        |                 | 10. Name and Address of New Registered Agent              |  |

**LUPTAK, PAOLA M  
2295 CORPORATE BLVD. N.W., SUITE 240  
BOCA RATON FL 33431**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
|----------------------------|---|--|---|--|--|
| TITLE                      | PD<br><b>BEZDOS, HAROLD</b>                                     | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | PTD<br><b>BEZDOS, MAURICE</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>31731 NORTHWESTERN HWY, #200E<br/>FARMINGTON HILLS MI</b>    |  | 1.2 NAME  | <b>31731 NW HWY, STE 250W<br/>FARMINGTON HILLS, MI</b> |  |
| STREET ADDRESS             |   |  | 1.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 1.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      | VPD<br><b>LUPTAK, JERRY D</b>                                   | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | VSD<br><b>BEZDOS, NORMAN</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>31731 NORTHWESTERN HWY #200E<br/>FARMINGTON HILLS MI</b>     |  | 2.2 NAME  | <b>31731 NW HWY, STE 250W<br/>FARMINGTON HILLS, MI</b> |  |
| STREET ADDRESS             |   |  | 2.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 2.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      | VP<br><b>SHUMAKER, DON</b>                                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>31731 NORTHWESTERN HWY, STE 200E<br/>FARMINGTON HILLS MI</b> |  | 3.2 NAME  |  |  |
| STREET ADDRESS             |   |  | 3.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 3.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      | S<br><b>BEZDOS, MAURICE J</b>                                   | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>31731 NORTHWESTERN HWY STE 200E<br/>FARMINGTON HILLS MI</b>  |  | 4.2 NAME  |  |  |
| STREET ADDRESS             |   |  | 4.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 4.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      | T<br><b>BEZDOS, NORMAN</b>                                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>31731 NORTHWESTERN HWY STE 200E<br/>FARMINGTON HILLS MI</b>  |  | 5.2 NAME  |  |  |
| STREET ADDRESS             |   |  | 5.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 5.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      |   | <input type="checkbox"/> DELETE            | 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   |  | 6.2 NAME  |  |  |
| STREET ADDRESS             |   |  | 6.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |   |  | 6.4 CITY-ST-ZIP                                       |  |  |

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.

SIGNATURE \_\_\_\_\_

CP2E034 (10/97)