

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064122 (2)

1. Corporation Name

PALATEABILITY, INC.

Principal Place of Business

**10868 NW 21ST ST
CORAL SPRINGS FL 33071**

Mailing Address

**10868 NW 21ST ST
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report

2. Principal Place of Business

21 12201 NW 35 Street

2a. Mailing Address

26 12201 NW 35 Street

4. FEI Number

65-0516954

Applied For

Not Applicable

Suite, Apt., etc.

22 Suite 201

Suite, Apt., etc.

27 Suite 201

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Coral Springs FL

City & State

28 Coral Springs FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 33065

County

25 Broward

Zip

29 33065

County

30 Broward

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KABOT, ERIC
% TRIPP SCOTT CONKLIN & SMITH
110 SE SIXTH ST 28TH FLOOR
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	WHITTON, NEAL	10868 NW 21ST ST	CORAL SPRINGS FL 33071
D	WHITTON, CAROL A	10868 NW 21ST ST	CORAL SPRINGS FL 33071

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
				☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Whitton* *Neal A. Whitton* *04/18/95* *(305) 340-8108*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APPROVED
AND
FILED**

95 APR 21 PM 3: 03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**