

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000083867 (9)**

1. Corporation Name
PALMIERI REALTY GROUP, INC.

Principal Place of Business

**2401 PGA BLVD
STE 272
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**PO BOX 31358
PALM BEACH GARDENS FL 33401
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1994

4. FEI Number

65-0423179

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 275 E Oakland Park Blvd

Suite, Apt. #, etc.

22

City & State

23 Oakland Park, FL

Zip

24 33334

Country

25 US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SHAPIRO, ROBERT LEE
2401 PGA BLVD
STE 272
WEST PALM BEACH FL 33410**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D PALMIERI, LISA
2401 PGA BLVD - STE 272
PALM BEACH GARDENS FL**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**P
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
830 NE 18th Street
Ft. Lauderdale, FL 33305**

☐ Change ☒ Addition

**VP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Linda Cruce
830 NE 18th Street
Ft. Lauderdale, FL 33305**

☐ Change ☒ Addition

**VP Acctg
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Michael Block
830 NE 18th Street
Ft. Lauderdale, FL 33305**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Linda Cruce *Michael Block*

4-20-98

Filetime Phone # 0322000

CR2E034 (10/97)