

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P94000086978 (1)

1. Corporation Name
PALAZZO REALTY, INC.

Principal Place of Business

4085 A1A SOUTH
ST AUGUSTINE FL 32084
US

Mailing Address

4085 A1A SOUTH
ST AUGUSTINE FL 32084-6936
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PALAZZO, ANTHONY A
4085 A1A SO
ST AUGUSTINE FL 32084

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 607.0503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Anthony A. Palazzo

3-11-97

PLEASE SIGN
& DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
PALAZZO, ANTHONY A
STREET ADDRESS
1045 A1A BEACH BLVD.
CITY-STATE-ZIP
ST. AUGUSTINE FL 32084

TITLE

NAME
PALAZZO, DEANNE C
STREET ADDRESS
4085 A1A SO
CITY-STATE-ZIP
ST AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), 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 registered agent or transfer agent, or both, to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blocks 13 through 42, as applicable, or in an attached memorandum.

SIGNATURE: Deanne C. Palazzo

Deanne C. Palazzo

3/11/97 (201) 471-2111

CP2E034 (9/96)