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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90045 004 ***150.00

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DOCUMENT # P94000086978

1. Corporation Name

PALAZZO REALTY, INC.

/4075

Principal Place of Business

~~4085~~ A1A S
ST AUGUSTINE FL 32084
US

\4075

Mailing Address

~~4085~~ A1A SOUTH
ST AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/28/1994

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number **59-3289082**	Applied For / Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81	Name	
PALAZZO, ANTHONY A /4075 ~~4085~~ A1A SO ST AUGUSTINE FL 32084	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	PALAZZO, ANTHONY A		1.2 NAME			
STREET ADDRESS	1045 A1A BEACH BLVD.		1.3 STREET ADDRESS	4075 A1A South		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	PALAZZO, DEANNE C		2.2 NAME	4075 A1A So.		
STREET ADDRESS	4085 A1A SO		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ April 12, 1999 (904) 471-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #