

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mettsan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000088192 (7)**

1. Corporation Name
PALMETTO INVESTMENTS, INC.



Principal Place of Business
**1547 FLORIDA MANGO ROAD N.
BLDG. 11, UNIT 3
WEST PALM BEACH FL 33409**

Mailing Address
**BOX 15454
BLDG. 11, UNIT 3
WEST PALM BEACH FL 33416
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **Box 15454**
27 State, Apt. #, etc.
28 **WPB, FL.**
29 Zip **33416** 30 Country **US**

3. Date Incorporated or Qualified **12/05/1994** 3a. Date of Last Report **04/13/1995**
4. FEI Number **65-0541989** Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MOORE, JAMES B
1547 FLORIDA MANGO ROAD N.
BLDG. 11, SUITE 3
WEST PALM BEACH FL 33409**

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 607.042 and 607.043, 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. The city accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.042 and 607.043, Florida Statutes.

SIGNATURE

Signature of Agent, Director, Officer, or Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES B	
STREET ADDRESS	3808 EMBASSY DR.	
CITY- ST- ZIP	WEST PALM BEACH FL 33401	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WOOSTER, ROBERT A	
STREET ADDRESS	15603 84TH NORTH AVE.	
CITY- ST- ZIP	WEST PALM BEACH FL 33418	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NOONAN, JAMES M	
STREET ADDRESS	3841 VANCOTT CIRCLE	
CITY- ST- ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY- ST- ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY- ST- ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY- ST- ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY- ST- ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY- ST- ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY- ST- ZIP	

14. I do hereby certify that the information supplied on this form is true and correct and I am not guilty for the exemption statute Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this form is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report on my behalf. Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an addition or deletion on a file.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES B MOORE

3-26-96 407-697-0039

CR2E034 (12/95)