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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000021105 (8)

THREE PALMS PROPERTIES, INC.  Principal Place of Business Mailing Address  97 REGATTA DRIVE P.O. BOX 632 JUPITER FL 33477 DALHART TX 79022-0632 US								
					3. Date Incorporated or Qualified		e of Last R	eport
					03/15/1995	04/2	9/1996	
	hace of Business	2a. Mailing Address			4. FEI Number		h	plied For
21		26			65-0566353			t Applicable
Suite, Apt. 22	#, erc	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		\$8.75 / Fee Re	
City & Stat	e	Crty & State			8. Election Campaign Financing		\$5.00	<del></del>
23		28			Trust Fund Contribution		Added 1	
Zip	Country	Zip	Count	lry	8. This corporation has liability for	intangible t		
24	25	29	30			Yes 📙		
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
HAF	RRIS, J. RICHARD		8	I1 Name				
440	0 PGA BLVD.		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	<del> </del>	<del></del>
	TE 800		-					
' PAL	M BEACH GARDENS FL 33410		8	33)				
•			ē	4 City			85 Zip	Code
			,			FL	1 1	
	to the provisions of Sections 607.05 registriced agent, or both, in the Staturn familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was jations of, Section 607.0505, Fl	tes, the abo authorized orida Statut	ove-named cor by the corpora les.	rporation submits this statement for the pation's board of directors. I hereby accept		changing it intment as	s registered registered
SIGNATURE	Step alone hyperculars excell name of registered as OFFICERS An	per and tille Lappisable. (NO ND DIRECTORS	TE Registered A	Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception when renstating.  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE  12. THE	Shy alton hyperical property can be of ingestionated OFFICERS AND OFFI	jes and tile Capplicable. (NO	13.	Agent signature requ	uired when reinstating)	DATE CERS AND		
SIGNATURE  12. THE NAME	OFFICERS AND DP QUINLAN, DAVID C	per and tille Lappisable. (NO ND DIRECTORS	13. 1.1 TITLE	Agent signature requ	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
12. THE NAME STREET ADDRESS	OFFICE AS AN OPPINION DAVID C P.O. BOX 632 HWY 54 EAST	per and tille Lappisable. (NO ND DIRECTORS	13. 1.1 TITUE 1.2 NAM 1.3 STRE	Agent signature requires	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS CHY-ST-ZIP	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX	per and tile 4 apparable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	E E EET ADDRESS '- ST- ZIP	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP THE	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS	per and tille Lappisable. (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	E EET ADDRESS '-ST-ZIP E	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE  12. THE NAME SIREELADDRESS CITY-ST-74P THLE NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A	per and tile 4 apparable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	E IE EET ADDRESS - ST-ZIP E'	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  12. THE NAME SHEET ADDRESS CHY ST. 7P THE NAME STREET ADDRESS	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	per and tile 4 apparable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE	E IE EET ADDRESS - ST-ZIP E IE EET ADDRESS - ST-ZIP E EET ADDRESS	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  12. THE NAME SIREELADDRESS CITY-ST-74P THLE NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A	per and tile 4 apparable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE	E IE EET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE  CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE  12. THE NAME SIBEELADDRESS CHY-SL-ZIP THE NAME SIBEELADDRESS CHY-SL-ZIP	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	principal difference of the population (NO ND DIRECTORS DELETE	13. 1.1 Title 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT	E EET ADDRESS F- ST- ZIP EET ADDRESS F- ST- ZIP EET ADDRESS Y- ST- ZIP EET ADDRESS Y- ST- ZIP E	uired when reinstating)	DATE  CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME SHEELADDRESS CHY-SL-ZIP THLE NAME STREELADDRESS CHY-SL-ZIP THLE	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	principal difference of the population (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM	E EET ADDRESS F- ST- ZIP EET ADDRESS F- ST- ZIP EET ADDRESS Y- ST- ZIP EET ADDRESS Y- ST- ZIP E	uired when reinstating)	DATE  CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	principal difference of the population (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE	E  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE  CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	principal difference of the population (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE	E  E  E  E  E  E  E  E  E  E  E  T  A  D  R  E  E  E  E  A  D  R  E  E  E  E  A  D  R  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	12 Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY	E EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	SS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAME SHEEL ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITE 4.1 TITLE 4.2 NAM	E EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	SS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAME SHEEL ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME THLE NAME NAME NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	E EET ADDRESS (-ST-ZIP E E EET ADDRESS Y-ST-ZIP E E MKE	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. THE NAME SHEEL ADDRESS CHY-ST-ZIP THLE NAME STREET ACDRESS STREET ACDRESS STREET ACDRESS	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP)	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change	SS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAME STREEL ADDRESS CHY-ST-ZIP THLE NAME STREET ACDRESS CHY-ST-ZIP THLE NAME STREEL ADDRESS CHY-ST-ZIP THLE NAME STREEL ADDRESS CHY-ST-ZIP THLE NAME STREEL ADDRESS CHY-ST-ZIP	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY	E EET ADDRESS  '-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  (-ST-ZIP  E EET ADDRESS  (-ST-ZIP  E EET ADDRESS	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. THE NAME SIBELLADDRESS CHY-ST-7/P THE NAME SIBELLADDRESS CHY-ST-7/P THUE	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	E EET ADDRESS  '-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  Y-ST-ZIP  E EET ADDRESS  (-ST-ZIP  E EET ADDRESS  (-ST-ZIP  E EET ADDRESS	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. TIME NAME SIREFI ADDRESS CHY-SI-ZIP TIME NAME SIREFI ACDRESS CHY-SI-ZIP TIME NAME SIREFI ADDRESS CHY-SI-ZIP TIME NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E EET ADDRESS  Y-ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition  Addition
12. TIME NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ACDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	E E E E E E E E E E E E E E E E E E E	uired when reinstating)  ADDITHONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR Change Change Change Change Change	Addition  Addition  Addition
SIGNATURE  12. THE NAME SIBEELADDRESS CHY-ST-ZIP THE NAME SIBEELADDRESS CHY-ST-ZIP THE NAME SIBSELADDRESS CHY-ST-ZIP THE NAME SIBEELADDRESS CHY-ST-ZIP THE NAME SIBEELADDRESS CHY-ST-ZIP THE NAME SIBEELADDRESS CHY-ST-ZIP THE NAME SIBEELADDRESS CHY-ST-ZIP	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E E E E E E E E E E E E E E E E E E E	uired when reinstating)  ADDITHONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR Change Change Change Change Change	Addition  Addition  Addition  Addition
SIGNATURE  12. THE NAME SIREELADDRESS CHY-ST-7P THE NAME STREELADDRESS CHY-ST-7P THE NAME	DP QUINLAN, DAVID C P.O. BOX 632 HWY 54 EAST DALHART TX DVTS QUINLAN, KATHLEEN A P.O. BOX 632/HWY 54 EAST	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	E E E E E E E E E E E E E E E E E E E	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change Change Change	Addition  Addition  Addition  Addition

14. I do hereby ce't ly 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 by it changed, owen as extrement with an address.

SIGNATURE:

NATURE AND LABOUR BUNTED NAME OF SIGNING OFFICER OF CHECK

2-21-97 561-743-8804

0507516

**FILED** 

Mar 11 1997 8:00am

Secretary of State