

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 MAR 14 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022695 (7)

1. Corporation Name

PALMETTO HOMES, INC.



Principal Place of Business

425 CAMBRIDGE LANE  
WESTON FL 33326

Mailing Address

425 CAMBRIDGE LANE  
WESTON FL 33326

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 493 N. W. 27th Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 493 N.W. 27th Ave  
Suite, Apt. #, etc.

4. FEI Number

65-0582788

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

10. Name and Address of New Registered Agent

AMERILAWYER

343 ALMERIA AVE.

CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

700001743237

03/14/96 01045-034

\*\*\*\*200.00 \*\*\*\*200.00

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 date of signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1 TITLE

NAME

2. STREET ADDRESS

3. CITY - ST - ZIP

4. 1 TITLE

NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

7. 1 TITLE

NAME

8. STREET ADDRESS

9. CITY - ST - ZIP

10. 1 TITLE

NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. 1 TITLE

NAME

14. STREET ADDRESS

15. CITY - ST - ZIP

16. 1 TITLE

NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. 1 TITLE

NAME

20. STREET ADDRESS

21. CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. 1 TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. 1 TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. 1 TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. 1 TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. 1 TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. 1 TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

SIGNATURE:

AL Yoviene, Director AL Yoviene

2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)