SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P95000030537 (1)

PALACE	TRANSPORT.	INC.		

Principal Place of Business Mailing Address 901 EASY ST 901 EASY ST FT PIERCE FL 34982 FT PIERCE FL 34982 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0581827 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zio Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PALACIOS, ARTURO 901 EASY ST Street Address (P.O. Box Number is Not Acceptable) 82 FT PIERCE FL 34982 83 84 Zip Code City 85 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 (NOTE Hogistered Agent signature required when reinstaling) Signature, typod or printed nan victire judicied agent and file d'applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF FICERS AND DIRECTORS 12. 13 Change: Addition PN DELETE 1 1 TITLE TITLE PALACIOS, ARTURO NAME 1.2 NAME STREET ADDRESS 901 EASY ST 1 3 STREET ADDRESS CHTY-ST-ZIP FT PIERCE FL 34982 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE PALACIOS, ELSIE 2 2 NAME 901 EASY ST STREET ADDRESS 2 3 STREET ADDRESS FT PIERCE FL 34982 2 4 CITY - ST - ZIP City - St - ZIP DELFTE 31 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition 4.1 THILE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change TillE 5.2 NAME NAME STREET ADDRESS 5 3 STHEET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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