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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 18 1998 8:00am Secretary of State

P95000038993 (8) DOCUMENT # PALMIERI BUILDING PARTNERS, INC. Principal Place of Business Mailing Address 2401 PGA BLVD PO BOX 31358 STF 272 PALM BCH GRDNS FL 33420 PALM BCH GRDNS FL 33410 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 05/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0584662 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PALMIERI, RUSSELL 830 NE 18TH STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33305 83 City 84 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition PALMIERI, RUSSELL NAME 1.2 NAME 830 NE 18TH STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 21 TITLE Change Addition **BLOCK, MICHAEL** NAME 2.2 NAME 830 NE 18 ST STREET ADDRESS 23 STREET ADDRESS FORT LAUDERDALE FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE THILE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP THTLE DELFTE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE ☐ Addition 61 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 119.07(3)(i), 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 in 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 attention with an address.

SIGNATURE:

2/11/88

56/-775-0855

R2E034 (10/97)