


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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1795000047897 1. Corporation Name: International Palace, Inc.			
Principal Place of Business 8440 NW 57th Street TAMPA, FLA. 33351		Mailing Address	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 6-20-95		3a. Date of Last Report	
4. FEI Number 65-0594231		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DAVID QUINN 3218 NW 122nd Avenue SONOMA, FL. 33323		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: DIRECTOR <input type="checkbox"/> DELETE 12.2 NAME: DAVID QUINN 12.3 STREET ADDRESS: 3218 NW 122nd Avenue 12.4 CITY-ST-ZIP: SONOMA FL. 33323		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-ST-ZIP:	
12.5 TITLE: DIRECTOR <input type="checkbox"/> DELETE 12.6 NAME: SUZANNA SALA 12.7 STREET ADDRESS: 3457 NW 44 St. 12.8 CITY-ST-ZIP: OKLAHOMA PARK, FLA. 33309		13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-ST-ZIP:	
12.9 TITLE: <input type="checkbox"/> DELETE 12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY-ST-ZIP:		13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-ST-ZIP:	
12.13 TITLE: <input type="checkbox"/> DELETE 12.14 NAME: 12.15 STREET ADDRESS: 12.16 CITY-ST-ZIP:		13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-ST-ZIP:	
12.17 TITLE: <input type="checkbox"/> DELETE 12.18 NAME: 12.19 STREET ADDRESS: 12.20 CITY-ST-ZIP:		13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY-ST-ZIP:	
12.21 TITLE: <input type="checkbox"/> DELETE 12.22 NAME: 12.23 STREET ADDRESS: 12.24 CITY-ST-ZIP:		13.21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME: 13.23 STREET ADDRESS: 13.24 CITY-ST-ZIP:	
12.25 TITLE: <input type="checkbox"/> DELETE 12.26 NAME: 12.27 STREET ADDRESS: 12.28 CITY-ST-ZIP:		13.25 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME: 13.27 STREET ADDRESS: 13.28 CITY-ST-ZIP:	
12.29 TITLE: <input type="checkbox"/> DELETE 12.30 NAME: 12.31 STREET ADDRESS: 12.32 CITY-ST-ZIP:		13.29 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME: 13.31 STREET ADDRESS: 13.32 CITY-ST-ZIP:	
12.33 TITLE: <input type="checkbox"/> DELETE 12.34 NAME: 12.35 STREET ADDRESS: 12.36 CITY-ST-ZIP:		13.33 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME: 13.35 STREET ADDRESS: 13.36 CITY-ST-ZIP:	
12.37 TITLE: <input type="checkbox"/> DELETE 12.38 NAME: 12.39 STREET ADDRESS: 12.40 CITY-ST-ZIP:		13.37 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME: 13.39 STREET ADDRESS: 13.40 CITY-ST-ZIP:	
12.41 TITLE: <input type="checkbox"/> DELETE 12.42 NAME: 12.43 STREET ADDRESS: 12.44 CITY-ST-ZIP:		13.41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME: 13.43 STREET ADDRESS: 13.44 CITY-ST-ZIP:	
12.45 TITLE: <input type="checkbox"/> DELETE 12.46 NAME: 12.47 STREET ADDRESS: 12.48 CITY-ST-ZIP:		13.45 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME: 13.47 STREET ADDRESS: 13.48 CITY-ST-ZIP:	
12.49 TITLE: <input type="checkbox"/> DELETE 12.50 NAME: 12.51 STREET ADDRESS: 12.52 CITY-ST-ZIP:		13.49 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME: 13.51 STREET ADDRESS: 13.52 CITY-ST-ZIP:	
12.53 TITLE: <input type="checkbox"/> DELETE 12.54 NAME: 12.55 STREET ADDRESS: 12.56 CITY-ST-ZIP:		13.53 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME: 13.55 STREET ADDRESS: 13.56 CITY-ST-ZIP:	
12.57 TITLE: <input type="checkbox"/> DELETE 12.58 NAME: 12.59 STREET ADDRESS: 12.60 CITY-ST-ZIP:		13.57 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME: 13.59 STREET ADDRESS: 13.60 CITY-ST-ZIP:	
12.61 TITLE: <input type="checkbox"/> DELETE 12.62 NAME: 12.63 STREET ADDRESS: 12.64 CITY-ST-ZIP:		13.61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME: 13.63 STREET ADDRESS: 13.64 CITY-ST-ZIP:	
12.65 TITLE: <input type="checkbox"/> DELETE 12.66 NAME: 12.67 STREET ADDRESS: 12.68 CITY-ST-ZIP:		13.65 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME: 13.67 STREET ADDRESS: 13.68 CITY-ST-ZIP:	
12.69 TITLE: <input type="checkbox"/> DELETE 12.70 NAME: 12.71 STREET ADDRESS: 12.72 CITY-ST-ZIP:		13.69 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME: 13.71 STREET ADDRESS: 13.72 CITY-ST-ZIP:	
12.73 TITLE: <input type="checkbox"/> DELETE 12.74 NAME: 12.75 STREET ADDRESS: 12.76 CITY-ST-ZIP:		13.73 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME: 13.75 STREET ADDRESS: 13.76 CITY-ST-ZIP:	
12.77 TITLE: <input type="checkbox"/> DELETE 12.78 NAME: 12.79 STREET ADDRESS: 12.80 CITY-ST-ZIP:		13.77 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME: 13.79 STREET ADDRESS: 13.80 CITY-ST-ZIP:	
12.81 TITLE: <input type="checkbox"/> DELETE 12.82 NAME: 12.83 STREET ADDRESS: 12.84 CITY-ST-ZIP:		13.81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME: 13.83 STREET ADDRESS: 13.84 CITY-ST-ZIP:	
12.85 TITLE: <input type="checkbox"/> DELETE 12.86 NAME: 12.87 STREET ADDRESS: 12.88 CITY-ST-ZIP:		13.85 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME: 13.87 STREET ADDRESS: 13.88 CITY-ST-ZIP:	
12.89 TITLE: <input type="checkbox"/> DELETE 12.90 NAME: 12.91 STREET ADDRESS: 12.92 CITY-ST-ZIP:		13.89 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME: 13.91 STREET ADDRESS: 13.92 CITY-ST-ZIP:	
12.93 TITLE: <input type="checkbox"/> DELETE 12.94 NAME: 12.95 STREET ADDRESS: 12.96 CITY-ST-ZIP:		13.93 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME: 13.95 STREET ADDRESS: 13.96 CITY-ST-ZIP:	
12.97 TITLE: <input type="checkbox"/> DELETE 12.98 NAME: 12.99 STREET ADDRESS: 12.100 CITY-ST-ZIP:		13.97 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME: 13.99 STREET ADDRESS: 13.100 CITY-ST-ZIP:	
14. I hereby certify 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 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>David Quinn</i> 3/21/97 954-684-3592 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

CR2E034 (9/96)