

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
T DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052149

Registration Name
PALM HOSPITALITY MANAGEMENT, INC.

Place of Business
LOCKWICK TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address
704 LOCKWICK TERRACE
PALM BEACH GARDENS FL 33418

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90005 046 ***550.00



DO NOT WRITE IN THIS SPACE

Place of Business
BEACH RD.

2a. Mailing Address
26 400 BEACH RD

Apt. #, etc.
TE #103

Suite, Apt. #, etc.
27 UNIT #103

State
FLORIDA, FL

City & State
28 TEQUESTA, FL

Country
25 USA

Zip
29 33469

Country
30 USA

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

65-0597192

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 owes the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

GHALAM, HASSAN
704 LOCKWICK TERRACE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name ~~HASSAN~~ HASSAN GHALAM

82 Street Address (P.O. Box Number is Not Acceptable)
400 BEACH RD UNIT #103

83

84 City TEQUESTA

FL

85 Zip Code

33469

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *Hassan Ghulam*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

RESS PST
GHALAM, HASSAN
704 LOCKWICK TERRACE
PALM BEACH GARDENS FL 33418 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

RESS ☐ DELETE

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
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
on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hassan Ghulam* 9/5/99

CR2E034 (5/99)