


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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000057900 (9) 1. Corporation Name PALM HOUSE ENTERPRISES, INC.					
Principal Place of Business 4050 BAY SHORE ROAD 450 WOODLAND DR. SARASOTA FL 34234-3705		Mailing Address 4050 BAY SHORE ROAD 450 WOODLAND DR. SARASOTA FL 34234-3705			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 450 WOODLAND DR. Suite, Apt. #, etc. 22 City & State 23 Zip 24 34234		2a. Mailing Address 26 450 WOODLAND DR. Suite, Apt. #, etc. 27 City & State 28 Zip 29 34234		3. Date Incorporated or Qualified 07/26/1995 4. FEI Number 65-0588458 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent GALLUP, CYNTHIA B 4050 BAY SHORE ROAD SARASOTA FL 34234-3705			10. Name and Address of New Registered Agent 81 Name CYNTHIA BIGGAR 82 Street Address (P.O. Box Number is Not Acceptable) 450 WOODLAND DR 83 84 City SARASOTA FL 85 Zip Code 34234		
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 <i>Cynthia Biggar</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME GALLUP, CYNTHIA BIGGAR STREET ADDRESS 4050 BAY SHORE ROAD CITY-ST-ZIP SARASOTA FL 34234-3705 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CYNTHIA BIGGAR 1.3 STREET ADDRESS 450 WOODLAND DR. 1.4 CITY-ST-ZIP SARASOTA, FL 34234 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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>Cynthia Biggar</i> 941-358-0776					

CR2E034 (10/97)