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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075885 (0)

PALM STATE SERVICES OF BREVARD. INC.

Principal Place of Business Mailing Address 2557 HENRY AVENUE MELBOURNE FL 32904 2557 HENRY AVENUE MELBOURNE FL 32904-8605

3a. Date of Last Report 3. Date Incorporated or Qualified 10/03/1995 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3337230 Not Applicable 26 Sulte, 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 Trust Fund Contribution Added to Fees 23 28 Zip Žιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XI.No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 ☐ Change ☐ Addition ☐ DELE1E TITLE 1.1] SANDERS, ROBERT I JR. 1.2 NAME NAME 2557 HENRY AVENUE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32904 1.4 City - ST - ZiP CITY-ST-ZIP VSTD DELETE Change Addition TITLE 2.1 TOLE BANDERS, STACI B NAME 2557 HENRY AVENUE STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL 32904 CITY-ST-ZIP 2. 4 CITY-\$1-ZIP Addition DELETE Change 3.1 Till F TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY-S1-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I do 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 suppliencial 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 131 changed, or on an attachment with an address.

SMUDERS

FILED

May 09 1997 8:00am

Secretary of State