PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076233

PALATIAL INTERNATIONAL, INC.

Principal Place of Business Mailing Address						
BAY 425-C. S.E. 1ST AVENUE P O BOX 966						
DELRAY BEACH	f FL 33444	DELRAY BEACH FL 33447				DO NOT WRITE IN THIS SPACE
US		US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	·					01/01/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0607064 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired L) Fee Recuired
City & S:at	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip Co		Cor	country 8. This corporation owes the current year intangible		
24	25	29	30 _	30		Persor al Property Tax.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	·
	s, virginia		82 Stre		Stroot	t A(Idress (P.O. Bo) Number is Not Acceptable)
BAY	425-C, S.E. 1ST AVENUE			02	Sireer	(Aduress (F.O. Bu) Number is Not Acceptable)
DELF	RAY BEACH FL 33444			83		
				84	City	FL 85 Zip Code
	4-11 - CO7 0500	COZAFOR Florido State	too the o		namad	d corporation submits this statement for the purpose of changing its egistered
11. Pursuant	to the provisions of Sections 607.0302 eaistered agent, or both, in the State (: and 607.1506, Florida Statti of Florida. Such change was :	uthorize	d by	the corpo	por ition's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and a cept the obligat	ons of, Section 607.0505, Fi	orida Stat	utes	•	
SIGNATURE						
	Signature, typed or printed is me of registered agen			i Agen	t signature re	required when reinstating DATE
12.	OFFICERS AN		13.			ADDITI DNS/CHANGES TO OFFICERS AND DIRECTO ₹S IN 12 V □ Change
TITLE	D	☐ DELETE	1.1 TITLE		ĺ	
NAME	11110, 1111011111		1.2 N	AME	-	Boynton, _RUFUS
STREET ADDR :SS	ss BAY 425-C, S.E. 1ST AVENUE		1.3 S	1.3 STREET ADDRESS		Bay 425-C, S.E. 1st Avenue
CITY-ST-ZIP	DELRAY BEACH FL 33411		1.4 0	TY-S	T-ZIP	DelRAY BEACH, FL. 33411
TITLE	PST	DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME	PITTS, VIRGINIA		2.2 N	2.2 NAME		
STREET ADDRESS			2.3 5	TREFT	ADDRESS	
CITY-ST-ZIP	1			2.4 CITY-ST-ZIP		
TITLE	DEED TO BESTON	☐ DELETE	3.1 Ti		1-424	Change Addition
			3.2 N			
NAME			1			
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 T			Change Addition
NAME			4.2 N	IAME		
STREET ADDF ESS		•	4.3 S	TREET	ADDRESS	S
CITY-ST-ZIP			4.4 C	ITY-S	Γ-ZIP	<u> </u>
TITLE			5.1 T	TLE		Change Addition
NAME			5.2 N	AME	İ	
STREET ADDF ESS,			5.3 S	TREET	ADDRESS	s
CITY-ST-ZIP			5.4 C	ITY-S	r-ZIP	
TITLE	 	☐ DELETE	6.1 T	TLE		Change Addition
			6.2 N	AME		
NAME	j			_		

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 corpo ation or the receiver or trustee empowered to execute this report as required by Charter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA PITTS, PI

STREET ADDRESS

CITY-ST-ZIP

561--279-2990

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90074 028 ***150.00