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

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000079937 (5) PALMS WEST VILLAS, INC. Principal Place of Business Mailing Address 8915 NO. ATLANTIC AVENUE 277 VIA DE LA REINA **GAPE CANAVERAL FL 32920** MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, 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 23 28 Trust Fund Contribution Added to Fees Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** DRESSLER, DONA 110 DIXIE LANE 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 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 agont, 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 postudicance of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE RAO, JAMES R 1.2 NAME NAME 277 VIA DE LA REINA STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 32953 1.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 21 TITLE TITLE RAO, MARY L 2.2 NAME NAME 277 VIA DE LA REINA 2.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** CITY-ST-ZIP 2.4 CiTY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME

4. I horeby certily 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 altachment with an address.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JAMES RAO

407-494-7762

Change

(10/97

CR2E034

Addition