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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086584 (6)

PALMER FINANCIAL GROUP, INC.

Principal Plac	ce of Business	Mailing Address					T I MANTINGE I IN TOTAL BESTS WHITE NATIONAL COLUMN	IN MBIND	11 (0)(( <b>0)0)</b> (00)	
			FOURTH ST.				j			
STE. 306 STE. 306 SARASOTA FL 34236 SARASOTA FL 34236							DO NOT WRITE IN THIS SPACE			
ONINGOIN IL 99230							3. Date Incorporated or Qualified			
1							11/01/1995			
2. Principal F	Place of Business	2a. Mailing A	ddress				4. FEI Number		Applied For	
21 //33 FOUATH ST. 26				·····	NOT_A		NOT APPLICABLE		Not Applicable	
Suite, Apt.	Suite, Apt					5. Certificate of Status Desired	7	5 Additional Regulred		
City & Stat	City & Sta	City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees		
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible				
24 34	25 USA	29		30			Personal Property Tax due June		☐ No	
<u> </u>	9. Name and Address of Currer	it Hegistered Age	nt	81	Nan	<u></u>	10. Name and Address of New Re	gistered Agent		
PALMER, ANTHONY G					INal	16				
1133 FOURTH STREET SUITE 306				82	Stre	et Addre	Iress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236			83							
ľ				84	City			FL 85	Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida, Such claudons of, Section 6	hange was au 607.0505, Flori	thorized by ida Statutes	the c	orporatio	ration submits this statement for the pon's board of directors. I hereby accept the pon's board of directors are the pon's board of directors.	ot the appointmen ・ユ8-98	ig its registered as registered	
12.		onl and title if applicable D DIRECTORS	(NOIE.	13.	eni signa	iure require	ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12	
TITLE	P		DELETE	1.1 TITLE			ADDITIONO/OFFARGES TO OFFIC	Char		
NAME	PALMER, ANTHONY G			1.2 NAME				<del>-</del>	-	
STREET ADDRESS	1133 FOURTH ST. STE 306			1.3 STREET	ADDRES	s				
CITY-ST-ZIP	SARASOTA FL 34238			1.4 CITY-S	T-Z <del>I</del> P					
TITLE			DELETE	2.1 TITLE				Chan	ge Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	ADDRES	s				
CITY-ST-ZIP				2. 4 CITY - 3	ST - ZIP					
RITLE			DELETE	3.1 TITLE				∐ Chan	ge L Addition	
NAME	1			3.2 NAME		1				
STREET ADDRESS				3.3 STREET		s				
City-St-ZIP		·	DEI 676	3.4. CITY - 5	T-ZIP	<b>-</b>				
TITLE			DELETE	4.1 TITLE				Chan	ge L Addition	
NAME		·		4. 2 NAME	40000	١				
STREET ADDRESS				4.3 STREET		S				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S	(-ZIP			Chan	ge Addition	
NAME			DULLIL	5.1 TITLE 5.2 NAME					,- <u></u>	
STREET ADDRESS				5.2 NAME 5.3 STREET	AULOE	,				
CITY-ST-ZIP				5.4 CITY - S		٦				
TITLE		——	DELETE	6.1 TITLE	1 - 645			Chan	ge Addition	
NAME				6.2 NAME				- 1111		
1				A-P LA CALL						
STREET ADDRESS				6.3 STREET	AUDES	s			l	

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 officer.

SIGNATURE.

9419570001

**FILED** 

Mar 05 1998 8:00am

Secretary of State