

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90062 021 \*\*\*150.00

DOCUMENT # P95000097322

1. Corporation Name  
PALM KIA OF OCALA, INC.

Principal Place of Business  
2305 SW COLLEGE RD  
OCALA FL 33474  
US

Mailing Address  
2345 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

4. FEI Number  
59-3352710

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DS  
CUILLO, ROBERT S  
STREET ADDRESS 2345 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE ☐ Change ☐ Addition

NAME DS

STREET ADDRESS 2345 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DP  
CATANZARO, ANTHONY  
STREET ADDRESS 2305 S.W. COLLEGE RD.  
CITY-ST-ZIP OCALA FL 33474

2.1 TITLE ☐ Change ☐ Addition

NAME DP

STREET ADDRESS 2305 S.W. COLLEGE RD.  
CITY-ST-ZIP OCALA FL 33474

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VAST  
CUILLO, ROBERT A  
STREET ADDRESS 2345 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE VASAT ☒ Change ☐ Addition

NAME VAST

STREET ADDRESS 2345 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T  
HOTARY, MICHAEL  
STREET ADDRESS 2345 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

4.1 TITLE ☐ Change ☐ Addition

NAME T

STREET ADDRESS 2345 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99

(561) 478-3509

CR2E034 (1/98)

0327279