

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000117 (7)

1. Corporation Name

PALM MASONRY, INC.



Principal Place of Business

1720 SOUTH CENTRAL AVENUE  
FLGLER BEACH FL 32136

Mailing Address

1720 SOUTH CENTRAL AVENUE  
FLGLER BEACH FL 32136

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

28

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

AZARIAN, SANDRA B  
1720 SOUTH CENTRAL AVENUE  
FLGLER BEACH FL 32136

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEE Number

59-3353578

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1506, 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 board of directors

Signature typed or printed name of registered agent and board of directors

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME AZARIAN, SANDRA B  
STREET ADDRESS 1720 SOUTH CENTRAL AVENUE  
CITY-ST-ZIP FLGLER BEACH FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

900001869429  
-06/20/96--01040--036  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sandra Azarian* SANDRA AZARIAN

4-25-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)