## 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

## DOCUMENT # P9600000297

PALM WOODS INVESTMENT CORPORATION

i Filicipai Fiac	e or business	. IVIC	alling Address								
909 SE 16TH ST		909	909 SE 16TH ST								
DEERFIELD BE	ACH FL 33441	DEE	erfield beach f	L 33441							
								DO NOT WRIT	E IN THIS	SPACE	
	•						3. Date Incorpora	ated or Qualifed			
							12/26/1995	<u> </u>		,	_
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number			A/A	pplied For
21	•	26					65-064364	4		<b>26</b> N	ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc	<del></del>	•					\$8.75	Additional
22	•	27					5. Certifcate of S	tatus Desired			Required
City & Stat	te		City & State		-		6. Election Camp	naign Eineneina			May Be
23		28	•				Trust Fund Co				to Fees
Zip ,	Country		Zip		Country		<del></del>				10 1 003
_		-	Z-IP		Ood.iii y		8. This corporation		int year in	Yes	□No
24	25	29	toned 8 4	30			Personal Prop				
	9. Name and Address of Curre				81	Name	10. Name and Ad	dress of New K	egistered	Agent	
P∩ı	AND, SANDRA		24 (		"	Name					
ેBUL	SE 16TH ST		# - E		82	Street A	ddress (P.O. Box Numbe	r is Not Acceptal	ole)		
909	SE 161H SI		•								
DEE	RFIELD BEACH FL 33441				83		the second	. San St. E	- 13		6 11.04
~· *	• •								1 /-		
					84	City			FI	85   Zip	Code
.11 Pursuant	to the provisions of Sections 607 050	02 and 60	7 1508 Florida S	Statutes the	a above	e-named c	ornoration submite this st	atement for the r	umose of	-     f.changing.its	s registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida	a. Such change v	vas authori	ized by	the corpor	ation's board of directors	. I hereby accept	the appo	intment as re	egistered
agent I a	im familiar with, and accept the obliga	ations of,	Section 607.0505	5, Florida S	Statutes.						
SIGNATURE	<u> </u>		· · · · · · · · · · · · · · · · · · ·								
	Signature, typed or printed name of registered age	ant and title if					uired when reinstating).		DATE		
						t signature rec					
12.	OFFICERS A		CTORS	1	13	t signature rec	ADDITIONS/CH	ANGES TO OFF			
12.				1		t signature rec		ANGES TO OFF		ND DIRECTO	ORS IN 12
	OFFICERS AI POD BOLAND, SANDRA		CTORS	TE 1.	13	it signature rec	ADDITIONS/CH	ANGES TO OFF			
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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 secure 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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90048 006 \*\*\*150.00