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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000020570

PALM STATE ENTERPRISES INC.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90006 001 \*\*\*150.00



Principal Place of Business 1690 LANTANA AVE. ENGLEWOOD FL 34224	Mailing Address 1690 LANTANA AVE. ENGLEWOOD FL 34224			
2. Principal Place of Business 21  Suite, Apt. #, etc. 22  City & State 23  Zip Country 24  9. Name and Address of Curre  MAGAR, ROSS J  6097 SUNNYBROOK BLVD. ENGLEWOOD FL FL342-24  11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed tame of pacific to the signature, typed or printed tame of pacific	2 and 607. 1508. Florida Statutes, the of Florida. Such change was authorize ions of, Section 607.0505, Florida Sta	83 84 City	3. Date Incorporated or Qualifed 03/04/1996 4. FEI Number 65-0658764 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year in Personal Property Tax. 10. Name and Address of New Registered ss (P.O. Box Number is Not Acceptable)  FL ation submits this statement for the purpose of its board of directors. I hereby accept the appoint	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees stangible Yes Agent
Signature, typed or printed name of registered agent	and title if applicable			- g.stored

agent. (	am familiar with, and accept the obligations of	da. Such change was a	uthorized by the com	corporation submits this statement for the		
SIGNATURE	am familiar with, and accept the obligations of		rida Statutes.	corporation submits this statement for the corporation's board of directors. I hereby acc	ept the appointment as a	s registered
<b></b>	Signature, typed or printed name of registered agent and title	·			who must get as to	egistered
12.	OFFICERS AND DUE	if applicable. (NOTE	Registered Agent signature r	20 lifed when I		
TITLE	P OFFICERS AND DIRE		13.	equired when reinstating)	DATE	
NAME	MAGAR, ROSS J	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECT(	ORS IN 12
STREET ADDRESS	6097 SUNNYBROOK RIVO		1.2 NAME	Marine Inc.	☐ Change	☐ Addition
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.3 STREET ADDRESS			·
TITLE		<u>-</u>	1.4 CITY-ST-ZIP			
NAME		☐ DELETE	2.1 TITLE		<u> </u>	- 1
STREET ADDRESS			2.2 NAME		☐ Change	Addition
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4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY- ST-ZIP

5.1 TITLE

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6.1 TITLE,

6.2 NAME

☐ DELETE

☐ DELETE

RMTED NAME OF SIGNING OFFICER OR DIRECTOR

TY-ST-ZIP 6.3 STREET ADDRESS 117-51-219 1
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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

NAME

VAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

941-473-3855

Change

Change

Addition

Addition