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 06, 1999 8:00 am Secretary of State

æ ië

= 177

CR2E034 (11/98)

05-06-1999 90127 019 ***150.00

| DOCUMENT # | P96000038024 |
|---------------------|--------------|
| 1. Corporation Name | 1 00000000 |

PALM DEVELOPERS, INC.

CITY-ST-ZIP

SIGNATURE:

| Principal Place of Business Mailing Address | | | | 1 (001/00) 110 (01/0 01/1 00/1 00/1 00/1 00/1 00/1 | | |
|---|--|------------------------------------|--------------|--|----------------------------|---|
| 1499 W. PALME | ETTO PARK RD | 1499 W. PALMETTO PAR | RK RD | | | |
| SUITE 200 | | SUITE 200 | | | | |
| | BOCA RATON FL 33486 BOCA RATON FL 33486 | | | | DO NOT WRITE IN THIS SPACE | |
| US | | US | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 05/01/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0664282 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired \$8.75 Additional Fee Required |
| 22 | | 27 | | | | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | 75- Country | | | Trust Fund Contribution Added to Fees |
| [Zip ├── | Country | ⊢ ' | Zip Country | | | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent |
| <u> </u> | 9. Name and Address of Curr | rent Registered Agent | | 81 | Name | IV. Name and Address of New Registered Agent |
| KUD | ISI, ISAAC PA | | | " | 1401116 | |
| | W CYPRESS CREEK RD | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) |
| STE | | | | 00 | | |
| _ | | | | 83 | | |
| ן דונ | AUDERDALE FL 33309 | | | 84 | City | 85 Zip Code |
| | | | | | , | FL |
| office or r | to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl | ate of Florida. Such change was | s authoriz | ed by | the corp | corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | in familial with, and accept the ob- | igations of, Decilon 607.0000, 1 | ionda ou | elolos. | • | |
| 3IGNATURE | Signature, typed or printed name of registered | agent and title if applicable. (NO | TE: Register | red Agen | t signature r | required when reinstating) DATE |
| 12. | OFFICERS | AND DIRECTORS | 13 | 3 | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PVSD | ☐ DELETE | . 1.1 | TITLE | | Change Addition |
| NAME | KODSI, DANIEL | | 1.2 | NAME | | |
| STREET ADDRESS | 1449 W. PALMETTO PARK F | RD STE 200 | 1.3 | STREET | ADDRESS | 1499 |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 1.4 | CITY-ST | Γ- ZIP | |
| TITLE | | ☐ DELETE | 2.1 | TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 | NAME | | |
| STREET ADDRESS | | | 2.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | | | 2. 4 | 4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | | | | CITY-S | | |
| TITLE | | ☐ DELETE | | TITLE | | Change Addition |
| NAME | | | | 2 NAME | | |
| | | | | | ADDRESS | |
| STREET ADDRESS | | | - 1 | | | |
| CITY-ST-ZIP | | ☐ DELETE | | 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | تا مادداد | | 5.1 IIILE 5.2 NAME | | |
| NAME | | | | | ADDRESS | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | D DELETE | | TITLE | 1-2P | Change Addition |
| TITLE | | ☐ DELETE | | | | ☐ Change ☐ Monitori |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | • | | ADDRESS | |
| CITY-ST-ZIP | | _ | 6.4 | CITY-\$1 | T-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 suppliemental 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 of the occurrent 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 adactorises with an adaress, with all other like empowered.