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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000040700 (2) DOCUMENT

FILED Feb 24 1998 8:00am Secretary of State

OLDE PALMER HOUSE, INC. Principal Place of Business Mailing Address 5081 S.W. 117TH WAY 5081 S.W. 117TH WAY COOPER CITY FL 33330 COOPER CITY FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For -0677 472 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name IL GRANDE, FILIPPO 5081 S.W. 117TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FL 33330 83 64 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature: Typed or printed human of tegestered agent and title. Lapping page (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 **GELICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE IL GRANDE, FILIPPO 12 NAME NAME 5081 S.W. 117TH WAY 1.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL 33330** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE IL GRANDE, CAROLE 2.2 NAME NAME STREET ADDRESS 5081 SW 117 WAY 2.3 STREET ADDRESS COOPER CITY FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TIME NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 suppliements, armual 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 employed 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 attriction with an additional statute.