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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044254 (6)

PALM SOUTH GROUP, INC.

3825 N.E. 1671 NORTH MIAMI		3825 N.E. 167TH STREET NORTH MIAMI FL 33160-354	3825 N.E. 167TH STREET North Miami Fl 33160-3540								
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1986			eport		
2. Principal P	lace of Busnoss	2a. Mailing Address				4. FEI Number		Ĺ	Ар	plied For	
21		26				65-067048					
Suite Apt	# oto.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
Cily & State	e	City & State			, , , , , , , , , , , , , , , , , , , ,	Election Campaign Financing Trust Fund Contribution				May Be o Fees	
7φ 24	Country 25	Zip 29	Countr	ry		8. This corporation has liability for Florida Statutes	intangible t		nder s	199.032,	
LE	9. Name and Address of Curr			•••••		10. Name and Address of New Re	gistered A	gent			
SCO	OTT, JEFFREY D		81	1	Name						
	5 N.E. 167TH STREET		B	2	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)				
NO	rth Miami FL 33160										
			8:	3							
			84	4	City			85	Zip (Code	
<u> </u>	The second secon			1	•	coration submits this statement for the pion's board of directors. I hereby accept	<u>FL</u>				
SIGNATURE		AND DIRECTORS	13.		il signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC					
HUF	PVST	☐ DELETE	1.1 TITLE					L) C	hange	Addition	
HAME	SCOTT, JEFFREY D 3825 N.E. 167TH STREET		1.2 NAME								
STREET ADDRESS	NORTH MIAMI FL 33160		1.3 STREI		ł						
CHY-S1-7# Tifus	D	DELETE	1.4 CITY- 2.1 TITLE	_	-7IP				hande	Addition	
NAME	SCOTT, JEFFREY D		2.2 NAME				,				
STREET ADDRESS	3825 N.E. 167TH STREET		2.3 STRE	ET A	ADDRESS						
Citiy ST-ZiP	NORTH MIAMI FL 33160		2 4 CiTY	-\$	T-ZIP						
THYEF		DELETE	3.1 TITLE				*.	□ c	hange	Addition	
NAME			3.2 NAME								
STREET ADDRESS					ADDRESS						
CHY S1-Zee		T DELETE	3.4. CITY	_	T-ZIP			Пг	hanne	Addition	
Till:		ר"ו מנונונ	4.1 TITLE					<u>ا ليا</u>	แซามิต	L Hamilion	
NAME CONTRACTOR			4. 2 NAM 4.3 STRE		Ahnoree						
STREET ADDRESS			4.3 STREE		*						
10.7 51:71		DELETE	5.1 TITLE		CIT.	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		c	hange	Addition	
NAMI.		_	5 2 NAME						•		
STREET ADDRESS			5.3 STREE	ET /	ADDRESS						
C-TY - ST- ZIF			5.4 CITY	- \$1	r-ziP						
THUE		DELETE	6.1 TITLE					C	hange	Addition	
NAME			6.2 NAME	E	1	•					
STREET ADDRESS			63 STRE	ET /	ADDRESS						

CITY-ST-ZIP

14. If do 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 execute this report as required by Chapter 607, Florida Statutes, and that my name