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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000045523 (3)**

1. Corporation Name
UNDER THE PALMS, INC.

Principal Place of Business	Mailing Address
11399 OVERSEAS HWY MARATHON SHORES FL 33052	P O BOX 522550 MARATHON SHORES FL 33052-2550

3. Date Incorporated or Qualified: 05/29/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 11400 Overseas Hwy
22 Suite, Apt. #, etc: 218
23 City & State: MARATHON SHORES, FL
24 Zip: 33052
25 Country: USA

2a. Mailing Address
26 SAME AS ABOVE
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0676076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Carolyn T. Kitchen
82 Street Address (P.O. Box Number is Not Acceptable): 101 11th St. #7
83 Ocean Breeze Park West
84 City: MARATHON FL 85 Zip Code: 33050

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Carolyn T. Kitchen, President 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	DPS ☒ Change ☐ Addition
NAME	KITCHEN, CAROLYN T	1.2 NAME	Carolyn T. Kitchen
STREET ADDRESS	~~11399 OVERSEAS HWY~~ 11400 Overseas Hwy #218	1.3 STREET ADDRESS	11400 OVERSEAS HWY STE #218
CITY-ST-ZIP	MARATHON SHORES FL 33052	1.4 CITY-ST-ZIP	MARATHON SHORES, FL. 33052
TITLE	DVT ☐ DELETE	2.1 TITLE	DVT ☒ Change ☐ Addition
NAME	KILGORE, CHERYL L	2.2 NAME	Cheryl L. Kilgore
STREET ADDRESS	~~11399 OVERSEAS HWY~~ 11400 Overseas Hwy #218	2.3 STREET ADDRESS	11400 OVERSEAS HWY STE #218
CITY-ST-ZIP	MARATHON SHORES FL 33052	2.4 CITY-ST-ZIP	MARATHON SHORES, FL 33052
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn T. Kitchen President 4/25/97 (305) 289-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #