FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUN 24 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000048704

1. Corporation Name
Palm Shores Development Corp.

Principal Place of Business / Mailing Address
24840 Burnt Pine Dr.
Suite 4
Bonita Springs Fl 34134

2. Principal Place of Business
21 24840 Burnt Pine Dr
Suite, Apt #, etc.
22 #4
City & State
23 Bonita Springs Fl
Zip 24 34134 Country 25 USA

2a. Mailing Address
26 24840 Burnt Pine Dr.
Suite, Apt #, etc.
27 #4
City & State
28 Bonita Springs Fl
Zip 29 34134 Country 30 USA

3. Date Incorporated or Qualified: June 96
3a. Date of Last Report: 1996
4. FEI Number: 650673437 — 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
Douglas J. Carver
24840 Burnt Pine Dr.
Suite 4
Bonita Springs Fl 34134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Douglas J. Carver — 6/12/97 DATE
(Signature of a newly appointed registered agent is not required if a change is only to the address of the registered agent. NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Sec, Treasurer Dir ☐ Change ☐ Addition
1.2 NAME	Douglas J. Carver — verify
1.3 STREET ADDRESS	24840 Burnt Pine Dr. Ste 4
1.4 CITY-ST-ZIP	Bonita Springs Fl 34134
2.1 TITLE	~~Sec~~ Vice Pres Director ☐ Change ☐ Addition
2.2 NAME	Clyde Kunkler — verify
2.3 STREET ADDRESS	3510 ~~[illegible]~~ Wild Indigo Lane
2.4 CITY-ST-ZIP	Bonita Springs Fl
3.1 TITLE	Director ☐ Change ☐ Addition
3.2 NAME	Robin Carver — verify
3.3 STREET ADDRESS	24840 Burnt Pine Dr Ste 4
3.4 CITY-ST-ZIP	Bonita Springs Fl 34134
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****165.00 ****165.00

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 is added in Block 13 with an address.

SIGNATURE: Douglas J. Carver — 6/12/97 DATE — 941-498-9177 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)