

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000058035 (2)

1. Corporation Name
PALM POINT, INC.



Principal Place of Business

Mailing Address

2499 GLADES RD., STE. 206
BOCA RATON FL 33431

2499 GLADES RD., STE. 206
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2499 GLADES ROAD

26 2499 GLADES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 103

27 103

City & State

City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Zip

24 33431

Country

29 33431

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAIRE, ROBERT I
2499 GLADES RD., STE. 206
BOCA RATON FL 33431

81 Name

ELAIRE ROBERT I

82 Street Address (P.O. Box Number is Not Acceptable)

2499 GLADES ROAD #103

83

84 City

BOCA RATON FL

FL

85 Zip Code

33496

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE

NAME KOOLIK, ELLIOT
STREET ADDRESS 2499 GLADES RD., STE. 206
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PVST ☐ DELETE

NAME KOOLIK, ELLIOT
STREET ADDRESS 2499 GLADES RD., STE. 206
CITY-ST-ZIP BOCA RATON FL 33431

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

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME KOOLIK ELLIOT
1.3 STREET ADDRESS 3269 HARRINGTON DR
1.4 CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE PVST ☒ Change ☐ Addition

2.2 NAME KOOLIK ELLIOT
2.3 STREET ADDRESS 3269 HARRINGTON DR
2.4 CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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 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:

ELLIOT S KOOLIK

1/8/98

561 392-9997

CR2E034 (10/97)