

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081504 (8)

1. Corporation Name

PALM TREE COMPUTER SYSTEMS, INC.

Principal Place of Business

504 LAKE CHARM COURT
OVIEDO FL 32765

Mailing Address

504 LAKE CHARM COURT
OVIEDO FL 32765-7712

3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 680 NEILE CT

2a. Mailing Address

26 680 NEILE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3402631

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

City & State

23 OVIEDO FL

City & State

28 OVIEDO FL

Zip

Country

24 32765

25

Zip

Country

29 32765

30

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

PAUL ROSARIUS

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

680 NEILE CT

83

84 City

OVIEDO

FL

85 Zip Code

32765

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 signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
NAME ROSARIUS, PAUL M
STREET ADDRESS 504 LAKE CHARM COURT
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

TITLE

VD
NAME LIEBLER, ULRKE
STREET ADDRESS 504 LAKE CHARM COURT
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

TITLE

ST
NAME ROSARIUS, HELEN M
STREET ADDRESS 504 LAKE CHARM COURT
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

4/20/97 407 359 3355

CR2E034 (9/96)