

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

FILED
May 12 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 # P96000081504 (8)

1. Corporation Name

PALM TREE COMPUTER SYSTEMS, INC.

Principal Place of Business

680 NEILE CT.
OVEIDO FL 32765
US

Mailing Address

680 NEILE CT.
OVEIDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

59-3402631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROSARIUS, PAUL
680 NEILE CT.
OVEIDO FL 32765

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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 ☒ Change ☐ Addition

PD
NAME Paul Rosarius
STREET ADDRESS 680 NEILE CT
CITY-ST-ZIP OVEIDO FL 32765
ADDRESS ONLY

2.1 TITLE ☒ Change ☐ Addition

VD
NAME Liebler, ULRKE
STREET ADDRESS 680 NEILE CT
CITY-ST-ZIP OVEIDO FL 32765
ADDRESS ONLY

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:

President

4/26/98 359-3356

CR2E034 (10/97)