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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081504

PALM TREE COMPUTER SYSTEMS, INC.

| Principal Place of Business | | Mailing Address | | · (| | |
|---|--|---|--|--|---|--|
| 680 NIELE CT. OVIEDO FL 32765 US | | 680 NEILE CT. OVIEDO FL 32765 US | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | 10/02/1996 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied | |
| 21 | | 26 | | 59-3402631 | | plicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Addi Fee Requir | |
| Ciby 8 State | | City & State | | 6. Election Campaign Financing | \$5:00-Ma | |
| City & State | e | 28 | | Trust Fund Contribution | Added to Fe | · . |
| 23 Zip | Country | Zip | Country | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | | 30 | Personal Property Tax. | Yes 🗀 | No ol |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registers | ed Agent | |
| | | | 81 Name | | | İ |
| | ARIUS, PAUL | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | NEILE CT. | | | · | | |
| OVE | IDO FL 32765 | | 83 | | | ļ |
| | | | 84 City | | 85 Zip Cod | 9 |
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| | | | | | of changing its red | istered |
| office or r | enistered agent or both in the State | ent Florida. Such change was at | utnorized by the corporat | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | of changing its reg pointment as regist | istered ered |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | ent Florida. Such change was at | utnorized by the corporat | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | of changing its reg pointment as registe | istered ered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | e of Florida. Such change was at ations of, Section 607.0505, Flor | uthorized by the corporat rida Statutes. | tion's board of directors, i hereby accept the ap | of changing its reg pointment as registe | stered ered |
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| office or r agent. I a SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI | e of Florida. Such change was at ations of, Section 607.0505, Flor | uthorized by the corporation of | red when reinstating) DATE | AND DIRECTORS | |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

.... Ulrike L. Rosarius AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR