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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000088378 (0)

PAMALT, INC.

Principal Place of Business	Mailing Address	i Jantiatt tin inten niet dater Aufer detet falet infat infat in
83 CEDAR STREET ST. AUGUSTINE FL 32084	83 CEDAR STREET St. Augustine FL 32084	DO NOT WRITE IN THIS SPACE
		Date Incorporated or Qualified 10/25/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3414893
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired 55.
City & State	City & State	6. Election Campaign Financing \$5 Trust Fund Contribution Ac
Zin Country	Zin Countr	V This communities are been asid the account of

FILED Feb 17 1998 8:00am Secretary of State

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					10/25/1996			
2. Principal Place of Business 2a. Mailing Adi			!		4. FEI Number	Applied For		
21	26				59-3414893	Not Applicable		
	e, Apt. #, etc. Suite, Apt. #, etc.		> .		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing	\$5.00 May Be			
28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the current year Intangible		
24	25	29	[30]			Personal Properly Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name				
POST, WILLIAM A 20702 W. PENN AVENUE DUNNELLON FL 34431			l°	81 Name				
			8	82 Street Address (P.O. Box Number is Not Acceptable)				
			١.					
			l°	83				
			8	4 City	FL	85 Zip Code		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change	was authorized	by the corpo	orporation submits this statement for the purpose of ciration's board of directors. I hereby accept the appoi	hanging its registered ntrnent as registered		
SIGNATURE	Signature, typed or pointed name of registered as	pert and lifte if socil cable	(NOTE Registered A	oont signature re	equired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12		
TITLE	D	☐ DELET	E 11 TITLE			Change		
NAME	James, Pamela		1.2 NAM	E	JAMES, PAMELA PELLETIER			
STREET ADDRESS	44 07040 090777			ET ADDRESS	O/ #1105/ 1//1105			
CITY-ST-ZIP	OT ALIGUATINE PLAGGOA			-ST-ZIP				
TITLE	0	☐ DELET	E 2.1 TITLE			Change Addition		
NAME	JAMES, WALTER 228			:		ļ		
STREET ADDRESS	AS OFFICE STORET			ET ADDRESS		į		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2. 4 CITY	-ST-ZIP				
TITLE		☐ DELET	3.1 TITLE			Change		
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELET	E 4.1 TITLE			Change Addition		
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	FY ADDRESS				
CITY-ST-ZIP			4.4 CITY	-S1-ZIP				
TITLE		☐ DELET	5.1 TITLE		Ε	Change Addition		
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELET	6.1 TITLE			Change Addition		
NAME		•	62 NAMI					
STREET ADDRESS			63 STRE	et address				
CITY CT . 7ID			SACITY.	S1 . 7IP				

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 suppliemental 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 13 if changed, or on an attachment with an address.

1/28/98