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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097474 (6)

PAL PRODUCTS CORPORATION

FILED Apr 02 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			
·	6007 FALL RIVER DRIVE			
6007 FALL RIVER DRIVE NEW PORT RICHEY FL 34655	NEW PORT RICHEY FL 346	55-1120		
			3. Date Incorporated or Qualified	3a. Date of Last Report
			11/29/1996	Date of Eddi Hopott
2. Praicipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
8403 RedMac St.	26		59-3422927	Not Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 Unir B	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Port Richey FL Country	28 Z _{(D}	Country	Trust Fund Contribution 8. This corporation has liability for interest.	Added to Fees
:1	<u> </u>	30		Yes No
4 34668 25 U.S.A. g. Name and Address of C	urrent Registered Agent		10. Name and Address of New Regi	stered Agent
CANTERBURY, HERMAS E		81 Name		
6007 FALL RIVER DRIVE		82 Street Ado	ress (P.O. Box Number is Not Acceptable	3)
NEW PORT RICHEY FL 34655				
	:	83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agont, or both, in the			•	FL
Signatur typeo or profed range of registe 12. OFFICER	S AND DIRECTORS	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
D President, C	hairman DELETE	1.1 TITLE		Change Addition
NAME CANTERBURY, HERMAS E	:	1.2 NAME		
STREET ADDRESS 6007 FALL RIVER DRIVE	055	1 3 STREET ADDRESS		
OITY-ST-20P NEW PORT RICHEY FL 34	00,076	1.4 CITY - SY - ZIP		Change Addition
Vice Presiden	t —	2.1 TITLE		Cuange CT Addition
NAME Ronald Gilber		2.2 NAME 2.3 STREET ADDRESS	1	
SIRELT ADDRESS 440 Sylvan Av	e.	2. 4 CITY - ST - ZIP		
	ffs, NJ 07632	3.1 TITLE		Change Addition
Treasurer		3.2 NAME		-
STREEL ADDRESS S. H. Yu	-	3.3 STREET ADDRESS	t	
CHY-SI-ZIP 440 Sylvan Av		3.4. CITY-ST-ZIP		
Englewood C11	ffs, NJ 07632	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	Incres	4.4 CITY-ST-ZIP		Charte
TITLE	DELETE	5.† TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-SI-ZIF	DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
NAME	had betail	6 2 NAME		
STREET ACORESS	•	6.3 STREET ADDRESS		
CHY+S*-ZIP		6.4 CITY - ST - ZIP		
entre at the later		■ 0.4 OILL: OL-101	.	

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

SIGNATURE: