


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**  
08-17-1999 90001 040 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P97000029854</b>		
1. Corporation Name <b>PALM HOTEL DEVELOPMENT, INC.</b>		

Principal Place of Business <b>315 W GRANT ST ORLANDO FL 32806</b>	Mailing Address <b>315 W GRANT ST ORLANDO FL 32806</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4470 35th ST</b>		2a. Mailing Address <b>26 4470 35th ST</b>		3. Date Incorporated or Qualified <b>03/24/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3438806</b>	
City & State <b>23 ORLANDO FL</b>		City & State <b>28 ORLANDO FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32811</b>		Zip <b>29 32811</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 ORANGE</b>		Country <b>30 ORANGE</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LIND, GINA M 6707 VOLTAIRE DR ORLANDO FL 32809</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>GINA M. VANDER LIND</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LIND, GINA M</b>		1.2 NAME	
STREET ADDRESS <b>6707 VOLTAIRE DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32809</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED** 7/9/99 (407) 649-3131

CR2E034 (5/99)

606257-90001-40  
P97000029854

# PALM HOTEL DEVELOPMENT, INC.

4470.35<sup>th</sup> Street  
Orlando, FL 32811  
Tel (407) 649-3131  
Fax (407) 649-3032

July 7, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Palm Hotel Development, Inc.

Document No. P97000029854

Gentlemen:

As per my phone conversation with your office regarding annual report, we never got the first notice due to change of our mailing address which is now indicated on the enclosed report. This is also to confirm that our annual fee will stay the same as \$150.00 which is indicated on our check payment.

Should there be any problem, please contact me at (407) 649-3131.

Thank you for your kindest consideration.

Sincerely,



Chito P. Collantes  
Director of Finance