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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90272 033 ***150.00

DOCUMENT #	P97000037305
1 Corporation Name	

PALADO, INC.

Principal Place of Business 3650 N. FEDERAL HWY., STE. 215

LIGHTHOUSE POINT FL 33064

Mailing Address

3650 N. FEDERAL HWY., STE, 215 LIGHTHOUSE POINT FL 33064



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/25/1997 Applied For 4. FEI Number 2. Principal Place of Business Mailing Address 65-0748676 Not Applicable 26 21 \$8:75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intampible Zip Zip Country Пио Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered A 9. Name and Address of Current Registered Agent 81 Name O'MALLEY, DONALD J 82 Street Address (P.O. Box Number is Not Acceptable) 3650 N. FEDERAL HWY., STE. 215 LIGHTHOUSE POINT FL 33064 83 Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE O'MALLEY, DONALD 1.2 NAME NAME 4231 NE 27 AVE 1.3 STREET ADORESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE TITLE BRENNEN, LARRY 22 NAME NAME 4745 NW 76 ST 2.3 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33071 2.4 CITY-ST-ZIP CITY+ST-ZiP Addition Change ☐ DELETE 3.17TRE TITLE WATTERWORTH, PAUL 3.2 NAME NAME 10488 NW 1ST CT 3.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 34 CITY-ST-ZIP CITY-ST-ZIF [Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 Tm F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

4-30-99 954 946-8 200 Date Daytime Phone #

CR2E034 (11/98