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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

PALMERE, INC.

DOCUMENT # P97000048903

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90080 009 ***150.00

	INT INDIA TORIC TOLON ILLI IND

Principal Place	of Business	Mailing A	Address				1100	 	#117 6 # 151 4 4 1111	16881 IBNS 18111 I	18120
21511 VILLAGE LAND O'LAKES US	LKS SHOPPING CNTR FL 34639	23616 HARDWOOD CT LUTZ FL 33549 US -				DO NOT WRITE IN THIS SPACE					
00						- 1		orporated or Qualifed			
							06/03/				
2. Principal Pl	ace of Business	2a. Mailir	ng Address	11_	, , Shep	Mira,	4. FEI Numi			 	olied For
21		26	<u> </u>	11age	akes Ce	WW	<u>59-345</u>	0870		\$8.75 A	Applicable
Suite, Apt. :	#, etc.	Suite.	, Apt. #, etc.				5. Certifcate	of Status Desired		Fee Rec	
City & State			s State and 0' Lal	les	FL			Campaign Financing nd Contribution		\$5.00 Added to	•
Zip	Country 25	Zip 2	4639	Cour	itry US/	4		oration owes the cure Property Tax.	rent year Int	tangible Yes	₩ No
,	9. Name and Address of Curren		Agent				10. Name ar	nd Address of New I	Registered	Agent	
***	, ==				81 Name						
	KER, MEREDITH			}	82 Street	Addres	s (P.O. Box N	lumber is Not Accept	able)		-
	6 HARDWOOD COURT							·	<u></u>		
LUIZ	Z FL 33549				83					•	
					84 City		***		FI	85 Zip C	ode
	to the provisions of Sections 607.050	0 1 007 450	O Florido Chok A	- the et	euo namad	COFFICE	ation submits	this statement for the	nurnose of	changing its	registered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida Suc	ch change was at	inorizea	by the corb	oration	's board of dire	ectors. I hereby acce	pt the appoi	ntment as rec	jistered
SIGNATURE			-						DATE		
	Signature, typed or printed name of registered ager		······		Agent signature	required w	when reinstating)	S/CHANGES TO OF	EICEDS AN	ND DIRECTO	RS IN 12
TITLE	OFFICERS AN	ID DIRECTOR	DELETE	13. 1,1 TIT	LE	A	ADDITION	please lear	1 IOLINO AI	Change	Addition
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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.

SIGNATURE: __

(813) 948-1615