Applied For Not Applicable

\$8.75 Additional

Fee Required **\$5.00** May Be

Agided to Fees

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

Name

DOCUMENT # P98000022864

1. Corporation Name

24

THE PAIM TREE CONNECTION, INC.

25

THE PARM THEE COMMESTIC	, 110·				
Principal Place of Business	I 188010881 (190 1810) 88111 88111 88111 98114 (1910 1910)				
1177 GEORGE BUSH BOULEVARD DELRAY BEACH FL 33483	1177 GEORGE BUSH BOULEVARD DELRAY BEACH FL 33483	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 03/11/1998			
Principal Place of Business The state of Business The state of Business	2a. Mailing Address	4. FEI Number 65-0821992			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution \$5			
Zip Country	Zip Country	8. This corporation owes the current year Intangiple			

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9. Name and Address of Current Registered Agent

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90014 026 ***150.00



Personal Property Tax.

10. Name and Address of New Registered Agent

TIERNAN, W S 1177 GEORGE BUSH BOULEVARD DELRAY BEACH FL 33483		82	Street	Address (P.O. Box Number is Not Acceptable)				
•			84	City	FL	85	Zip Co	ode
44. Discount to	the provisions of Sections 607 0502 and 607	1508 Florida Statutes th	ahove	e-named	corporation submits this statement for the purpose of	changin	g its re	egistered —
office or regi	istered agent, or both, in the State of Florida. Stamiliar with, and accept the obligations of, Se	Such change was authori	zed by	the corp	oration's board of directors. I hereby accept the appoi	ntment a	is regi	stered
SIGNATURE	anature, typed or printed name of registered agent and title if app	MOTE Regist	red Aner	t signatura	equired when reinstating) DATE			
12.	OFFICERS AND DIRECT		3.	n signators i	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	RS IN 12
TITLE			1 TITLE			☐ Cha	nge	Addition
NAME	P / S	1	2 NAME					
STREET ADDRESS	Barry Laramee		3 STREET	ADDRESS				ļ
CITY-ST-ZIP	1177 George Bush E	3 V	4 CITY-S	T-ZIP				
TITLE	Delray Beach FL 33	DELETE 2	1 TITLE			Cha	nge	☐ Addition
NAME	V / T	2	2 NAME					
STREET ADDRESS	W. Scott Tiernan		3 STREE	FADDRESS				
CITY-ST-ZIP	1177 George Bush E		4 CITY-S	T-ZIP				
TITLE	Delray Beach FL 33	2483	1 TITLE			☐ Cha	nge	☐ Addition
NAME		3	2 NAME					
STREET ADDRESS		3	3 STREE	ADDRESS				
CITY-ST-ZIP		3	4. CITY-S	T-ZIP				
TITLE		☐ DELETE 4	1 TITLE			☐ Cha	inge	☐ Addition
NAME		4	2 NAME					ŀ
STREET ADDRESS		. 4	3 STREE	TADDRESS				Ì
CITY-ST-ZIP		4	4 CITY-S	T-ZIP				
TITLE		☐ DELETE 5	1 TITLE			☐ Cha	inge	✓ ☐ Addition
NAME		5	2 NAME					
STREET ADDRESS		5	3 STREE	TADDRESS				
CITY-ST-ZIP		5	4 CITY-S	T- ZIP				
TITLE		☐ DELETE 6	1 TITLE			☐ Cha	inge	Addition
NAME		€	2 NAME					
STREET ADDRESS		6	3 STREE	TADORESS				
CITY-ST-ZIP			4 CITY-S					
14. I hereby cer	tify that the information supplied with this filing	does not qualify for the	exempt and tha	ion state t my sigr	d in Section 119.07(3)(i), Florida Statutes. I further ce nature shall have the same legal effect as if made und	rtify that er oath;	the int	iormation 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #