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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091800

1. Corporation Name
PALM ACCESS, INC.

Principal Place of Business	Mailing Address
4055 TAMIAMI TRAIL #6 PORT CHARLOTTE FL 33952	4055 TAMIAMI TRAIL #6 PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/28/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-087-3548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JABLOW, BENJAMIN A
2320 FIRST STREET
SUITE 1000
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: JOSEPH Velozo
82 Street Address (P.O. Box Number is Not Acceptable): 611 W. Olympia Ave
83:
84 City: Punta Gorda FL 85 Zip Code: 33950

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: X Joseph Velozo DATE: X 4-23-99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VELOZO, JOSEPH J	1.2 NAME	
STREET ADDRESS	611 WEST OLYMPIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PUSKEY, CHRISTOPHER M	2.2 NAME	
STREET ADDRESS	611 WEST OLYMPIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANDIA, JOHANNES G	3.2 NAME	
STREET ADDRESS	4055 TAMIAMI TRAIL #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D ☐ Change ☑ Addition
NAME		4.2 NAME	Lawrence E. Joubert
STREET ADDRESS		4.3 STREET ADDRESS	611 West Olympia Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Punta Gorda FL 33950
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: X Joseph Velozo 4-23-99 (941)575-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #