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Secretary of State
04-29-1999 90005 012 ***150.00

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
4055 TAMIAMI TRAIL #6
PORT CHARLOTTE FL 33952

Mailing Address
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 [signature] (Signature, typed or printed name of registered agent, and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE X 4-23-99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VELOZO, JOSEPH J	
STREET ADDRESS	611 WEST OLYMPIA AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	☐ DELETE
NAME	PUSKEY, CHRISTOPHER M	
STREET ADDRESS	611 WEST OLYMPIA AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	☐ DELETE
NAME	GRANDIA, JOHANNES G	
STREET ADDRESS	4055 TAMIAMI TRAIL #6	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Lawrence E. Joubert	
4.3 STREET ADDRESS	611 West Olympia Ave	
4.4 CITY-ST-ZIP	Punta Gorda FL 33950	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 [signature] 4-23-99 (941) 575-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #