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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S13581**

1. Corporation Name
PALM COMPUTERS INC.



Principal Place of Business
 10911 FOX GLEN DR
 BOCA RATON FL 33428
 US

Mailing Address
 10911 FOX GLEN DR
 BOCA RATON FL 33428
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date incorporated or Qualified
10/22/1990

4. FEI Number
65-0244579

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
PARENTEAU, BERNARD
10911 FOX GLEN DR
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D PARENTEAU, BERNARD**

STREET ADDRESS **1560 NE 132 RD**

CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE DELETE

NAME **C PARENTEAU, BERNARD**

STREET ADDRESS **1560 NE 132 RD.**

CITY-ST-ZIP **N. MIAMI FL**

TITLE DELETE

NAME **D RISHE, NAPHTALI**

STREET ADDRESS **13951 SW 66TH ST., #602**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **D SUN, WEI**

STREET ADDRESS **966 SW 150 TERR.**

CITY-ST-ZIP **FT. LAUDERDALE FL**

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 **D PARENTEAU, BERNARD**

1.3 STREET ADDRESS **10911 FOX GLEN DR**

1.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

2.1 TITLE Change Addition

2.2 NAME **C PARENTEAU, BERNARD**

2.3 STREET ADDRESS **10911 FOX GLEN DR.**

2.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **D SUN, WEI**

4.3 STREET ADDRESS **17800 NORTH BAY ROAD, #906**

4.4 CITY-ST-ZIP **N. MIAMI BEACH, FL 33160**

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

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: **BERNARD PARENTEAU** 4/10/99 561-488-2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)