FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13768 (4)

1. Corporation Name

PALM FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6751 FORUM DR. ORLANDO FL 32821 US	500 S. BUENA VISTA STREET BURBANK CA 91521-0340 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1990

3a. Date of Last Report: 07/15/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) County (25)

Zip (29) County (30)

4. FEI Number: 59-3039580 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
FOUR NORTH, ATTN: LEGAL DEPT.
LAKE BUENA VISTA FL 32830

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 _____ DATE
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	XX	1.1 TITLE	AT	☒ Change ☐ Addition
NAME	ZIEGLER, RALPH	1.2 NAME	Hughes, David A.	
STREET ADDRESS	6949 WESTWOOD BLVD.	1.3 STREET ADDRESS	500 S. Buena Vista Street	
CITY-ST-ZIP	ORLANDO, FL 32821	1.4 CITY-ST-ZIP	Burbank, CA 91521	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	KATHEDER, THOMAS	2.2 NAME		
STREET ADDRESS	1375 BUENA VISTA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LITVACK, SANFORD M.	3.2 NAME		
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	RUMMELL, PETER, S	4.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP		
TITLE	DAS	5.1 TITLE		☐ Change ☐ Addition
NAME	REED, MARSHA L	5.2 NAME		
STREET ADDRESS	500 S BUENA VISTA ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marsha L. Reed

0393101 CP