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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S13768** **(4)**

1. Corporation Name
PALM FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6751 FORUM DR. ORLANDO FL 32831 US	500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0001 US

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6751 Forum Drive
Suite, Apt. #, etc.
22 Suite 220
City & State
23 Orlando, FL
Zip 24 32821 Country 25 USA

2a. Mailing Address
26 500 S. Buena Vista St.
Suite, Apt. #, etc.
27
City & State
28 Burbank, CA
Zip 29 91521-0586 Country 30 USA

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	AT	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BUETTNER, ANNE L.		1.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		1.4 CITY-ST-ZIP	91521	
TITLE	S	☐ DELETE	2.1 TITLE	VS	☒ 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	32830	
TITLE	D	☐ DELETE	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	91521	
TITLE	PD	☒ DELETE	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	☐ DELETE	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	91521	
TITLE		☐ DELETE	6.1 TITLE	PD	☐ Change ☒ Addition
NAME			6.2 NAME	Shinn, Robert L.	
STREET ADDRESS			6.3 STREET ADDRESS	200 Celebration Place	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Celebration, FL 34747	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Marsha L. Reed SIGNATURE REQUIRED 4/30/97 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #