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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:15

DOCUMENT # **V50790** **(7)**

1. Corporation Name
PALM ONE LIMITED, INC.

Principal Place of Business
3413 BARTON RD
POMPANO BCH FL 33062
US

Mailing Address
3413 BARTON RD
POMPANO BCH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1992**
3a. Date of Last Report: **04/12/1994**

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) Country (25)
Zip (29) Country (30)

4. FEI Number: **65-0348723** 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
MEGALOUDIS, GAIL T
3413 BARTON RD
S-470
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is NOT Acceptable): 3413 BARTON ROAD
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: (Signature (typed or printed name) of Registered Agent and Title, if applicable) (NEW Registered Agent's signature required on new filings)

12. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	RONGEN, THOMAS
STREET ADDRESS	3413 BARTON RD
CITY ST ZIP	POMPANO BCH. FL
TITLE	PT
NAME	MEGALOUDIS, GAIL T.
STREET ADDRESS	3413 BARTON RD
CITY ST ZIP	POMPANO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.

1.1 TITLE	V/S/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	P/T/D	☒ 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		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section [illegible] 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 attest the same legally effective as made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter [illegible] Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or is attached with an address.

SIGNATURE: Gail T. Megaloudis 2/21/95 (305) 941-6235
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR

0104838 CF