

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V50790 (7)

1. Corporation Name

PALM ONE LIMITED, INC.

Principal Place of Business

Mailing Address

3413 BARTON RD
POMPANO BCH FL 33062
US

3413 BARTON RD
POMPANO BCH FL 33062
US



2. Principal Place of Business

2a. Mailing Address

21 1238 MONTEREY BLVD NE

25 1238 MONTEREY BLVD N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

24 33704

25 PINELLAS

29 33704

30 PINELLAS

3. Name and Address of Current Registered Agent

MEGALOUDES, GAIL T

3413 BARTON ROAD

POMPANO BCH FL 33062

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

02/23/1995

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

10. Name and Address of New Registered Agent

81 Name

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

1238 MONTEREY BLVD., N.E.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33704

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 fee application

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME RONGEN, THOMAS
STREET ADDRESS 3413 BARTON RD
CITY-ST-ZIP POMPANO BCH. FL

☐ DELETE

TITLE PTD
NAME MEGALOUDES, GAIL T.
STREET ADDRESS 3413 BARTON RD
CITY-ST-ZIP POMPANO BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1238 MONTEREY BLVD., N.E.
ST. PETERSBURG, FL 33704

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1238 MONTEREY BLVD., N.E.
ST. PETERSBURG, FL 33704

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Gail T. Megaloudis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

813-895-4720

DAYTIME PHONE

CR2E034 (12/95)