## 5-5-97 B 634 HC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05406

1. Corporation Name
PALM MILE CORP.

(4)

FILED
May 05 1997 8:00am
Secretary of State



2. Principal Piace of Business   2a Mailing Address   4. FER Number   Applied   Applied   Solite, April #, etc.   25   Suite, April #, etc.   27   Country   Applied   Status   Section Company Financing   St.O.O May 1   Added to Fee Required   Address of Current Registered Agent   B. Name Address of Current Registered Agent   St. Name   Address of New Registered Agent   St. Name   St. Name   Address of New Registered Agent   St. Name   St. Na			Mailing Address **PHILIPS INTERNATION 417 FIFTH AVENUE NEW YORK NY 10016-22				3. Date Incorporated or Qualified U3/25/1985		ate of Last F	
Size Apt. P. cit.:    22	2. Principa	at Place of Business	2a. Mailing Address	. Mailing Address			4. FEI Number			pplied For
27			Suite, Apt. #, etc. 27						ot Applicable	
City & State 23   28		φt. #, €lc.				5. Certificate of Status Desired See Required Fee Required				
24	City & S	State								
28   30   Piorida Statutes   60   No   Name and Address of Current Registered Agent   10, Name and Address of Naw Registered Agent   10, Name and Address (P.O. Box Number is Not Acceptable)   10, Name and Address of Naw Registered Agent   10, Name and Addres										
S. Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   EISENSTADT, DAVID   % PALM SPRINGS MILE ASSOCIATES, LTD. \$55 WEST 49TH STREET, SUITE 200   HALEAH FL 33012   81		······································	hamana '	<del></del> -7	untry					s. 1 <b>9</b> 9.032,
EISENSTADT, DAVID  \$ PALM SPRINGS MILE ASSOCIATES, LTD. \$55 WEST 49TH STREET, SUITE 200  HIALEAH FL 33012  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1505. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent on both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent in trumhar with, and accept the objection of 0.5050. Florida Statules  SIGNATURE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITIE MAKE  SIRELI AGENES  CITY ST 7/P  NAME  SIRELI AGENES  SIRE	24			[30]	$\overline{}$			······	=	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	E				81	Name		•		
## City ## Cit						Ctroot Adds	roop (B.O. Boy Number is Alet Accord	hle)		
### City ### B8 Zip Code  11. Pursuant to the provisions of Sectors 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist of loc or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist of loc or registered agont or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist of the purpose of purpose of exampling its registered agont or both in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist of the purpose of purpose of agont and state the purpose of changing its registered agont or purpose of change in the purpose of changing in the purpose of changing in the purpose of change in the purpose of changing in the pu	555 WEST 49TH STREET, SUITE 200				62	Street Addr	ress (P.O. Box Number is Not Accept	sole)		
THE PURSUANT TO the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agont. I am farmhar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNAT	H	HALEAH FL 33012			83					
11. Fursional to the provisions of Socione 607,0502 and 607,1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was enthorized by the corporation's board of directors. I hereby accept the appointment as regist agent and state in the provision of Socion 607,0502, Florida Statutes.  SIGNATURE  Signature, hard accept the obligations of, Socion 607,0503, Florida Statutes.  SIGNATURE  Signature, hard are printed name of registered agent agen					84	City	· , , , , , , , , , , , , , , , , , , ,	······································	<b>85</b> Zip	Code
SIGNATURE			00 - 1007 4500 Fi -11 - 01 - 1		لــــــــــــــــــــــــــــــــــــــ					
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LEVINE, SHEILA S.   332 E. 84TH ST.   13 STREET ADDRESS   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP	12.						ADDITIONS/CHANGES TO OF	ICERS AND		
332 E. 84TH ST.   13 STREET ADDRESS	TITLE	1	L DELETE			}			Change	Addition
NEW YORK NY		332 F RATH ST				l				
DELETE		25.1				i				
MYER, SONDRA B.   381 WASTENA TERRACE   2.3 STREET ADDRESS   2.4 CHY - ST - ZIP		I	□ nei ete			T-ZIP			Change	Addition
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Criv_Si-ZiP   RIDGEWOOD NJ		361 WASTENA TERRACE				ADDRESS				
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STREET ADDRESS 6.3 STREET ADDRESS						ADDRESS				
CDY-S1-2/F 6.4 CDY-S1-2/P						1				

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 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TUPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UCE PASS/SEY 4/28/47

Daytime Phone #