

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065430 (8)

1. Corporation Name
PALM MANAGEMENT GROUP, INC.



Principal Place of Business
**4099 N TAMiami TR
3RD FLOOR
NAPLES FL 33940
US**

Mailing Address
**C/O MILLER & HELMS, P.A.
6320 WHISKET CREEK DR
FT MYERS FL 33919
US**

3. Date Incorporated or Qualified 09/07/1994	3a. Date of Last Report 02/16/1995
4. FEI Number 65-0518102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 6320 WHISKY CREEK DR. 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
---	---

9. Name and Address of Current Registered Agent

**RETT, DONALD A
660 E. JEFFERSON STREET
TALLAHASSEE FL 32301**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent or Director (Type or Print Name) _____ Signature of Registered Agent or Director (Type or Print Name) _____ Title _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	PD COLOSIMO, JAMES		1.2 NAME		
CITY - ST - ZIP	4099 TAMiami TR., 3RD FLR NAPLES FL		1.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
STREET ADDRESS	D GALVIN, RICHARD		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP	87 ANDOVER LA WILLIAMVILLE NY		2.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY - ST - ZIP		
CITY - ST - ZIP			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY - ST - ZIP			5.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY - ST - ZIP			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	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)(b), 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 checked, on an attachment with an address.

SIGNATURE: *Richard Galvin* **4/28/96** **941-565-7332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)