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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707644 (1)
1. Corporation Name
THE PALM ROYAL APARTMENTS, INC.



Principal Place of Business 36 SE 13TH ST. BOCA RATON FL 33432	Mailing Address 36 SE 13TH ST BOCA RATON FL 33432 US
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3. Date Incorporated or Qualified 07/27/1964	
4. FEI Number 59-1225627	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TEDESCO, ROY S ESO
TEDESCO & LANDIS P.A
980 N FEDERAL HWY SUITE 302
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	RUOTOLO, ANTHONY P
STREET ADDRESS	35 S.E. 13TH STREET, B-5
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	CECIL, LELAND E
STREET ADDRESS	40 S.E. 13 ST. B-1
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, EMILY
STREET ADDRESS	10 S.E. 13TH STREET, D-1
CITY-ST-ZIP	BOCA RATON FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	RICHARD SANDT
STREET ADDRESS	40 SE 13TH ST. A-4
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LABONTE, WILLIAM
STREET ADDRESS	20 S.E. 13TH STREET
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	COLACURCIO, ROBERT
STREET ADDRESS	35 S.E. 13 ST. 1-A
CITY-ST-ZIP	BOCA RATON FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD SANDT
1.3 STREET ADDRESS	40 S.E. 13th ST A-4
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN NDCON
2.3 STREET ADDRESS	86 S.E. 13th ST B-1
2.4 CITY-ST-ZIP	BOCA RATON FL 33432
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM LABONTE
3.3 STREET ADDRESS	20 S.E. 13th ST A-4
3.4 CITY-ST-ZIP	BOCA RATON, FL 33432
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT COLACURCIO
4.3 STREET ADDRESS	35 S.E. 13th ST A-1
4.4 CITY-ST-ZIP	BOCA RATON, FL 33432
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TODDY BALIS
5.3 STREET ADDRESS	45 S.E. 13th ST A-2
5.4 CITY-ST-ZIP	BOCA RATON, FL 33432
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EARL DELVERANIS
6.3 STREET ADDRESS	45 S.E. 13th ST B-3
6.4 CITY-ST-ZIP	BOCA RATON FL 33432

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-27-98

CR2E037 (10/97)