


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90151 019 ****61.25

0043573

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 707644

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
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/27/1964	4. FEI Number 59-1225627	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEDESCO, ROY S ESQ TEDESCO & LANDIS P.A 980 N FEDERAL HWY SUITE 302 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDT, RICHARD	1.2 NAME	<i>Richard Sandt</i>
STREET ADDRESS	40 SE 13TH ST A-4	1.3 STREET ADDRESS	15 S.E 13 ST C2, BOCA RATON FL.
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	33432
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NODON, JOHN	2.2 NAME	WILLIAM LE BONTE
STREET ADDRESS	35 SE 13TH ST B-1	2.3 STREET ADDRESS	20 S.E 13 ST A4
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	BOCA RATON FL. 33432
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABONTE, WILLIAM	3.2 NAME	THOMAS RAINES
STREET ADDRESS	20 SE 13TH ST A-4	3.3 STREET ADDRESS	25 S.E 13 ST C5
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	BOCA RATON FL. 33432
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALACURCIO, ROBERT	4.2 NAME	GEO SMITH
STREET ADDRESS	35 SE 13TH ST A-1	4.3 STREET ADDRESS	109.E 13 ST A4
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	BOCA RATON FL. 33432
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	HAROLD BREULS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALIS, TOBY	5.2 NAME	35 S.E 13 ST A5
STREET ADDRESS	45 SE 13TH ST A-2	5.3 STREET ADDRESS	BOCA RATON FL. 33432
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VERNARD FROST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELYERNOIS, EARL	6.2 NAME	20 S.E 13 ST C1
STREET ADDRESS	45 SE 13TH ST B-3	6.3 STREET ADDRESS	BOCA RATON FL. 33432
CITY-ST-ZIP	BOCA RATON FL 33432	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *Richard Sandt* **RICHARD SANDT** DATE: **2-2-99** DAYTIME PHONE #: **561-368-0373**

CR2E037 (11/98)