

FILE NOW: FILING FEE IS \$61.25

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Apr 23 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 # 716603 (6)
1. Corporation Name
JAMAICA ROYALE CONDOMINIUM TWO, INC.

Principal Place of Business 5830 MIDNIGHT PASS ROAD SARASOTA FL 34242-2108	Mailing Address 5830 MIDNIGHT PASS ROAD SARASOTA FL 34242-2108
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3. Date Incorporated or Qualified 05/26/1969	4. FEI Number 59-1364508	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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			

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236**

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

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 DR DP	NAME HARNER, ROBERT	DELETED <input type="checkbox"/>
STREET ADDRESS 2307 EDNA AVE	CITY-ST-ZIP PARK RIDGE IL	
TITLE DR D	NAME MYERS, PAUL	DELETED <input type="checkbox"/>
STREET ADDRESS 15 LANE 1880 SNOWFLAKE	CITY-ST-ZIP FREMONT IN	
TITLE D	NAME YOUNG, JAMES	DELETED <input type="checkbox"/>
STREET ADDRESS 485 TIMBER RIDGE RD	CITY-ST-ZIP LONGWOOD FL	
TITLE DST	NAME VAUGHN, ROLLIE	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 3288 GULF WATCH CT	CITY-ST-ZIP SARASOTA FL	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME WILLIAM KIRTLAND	
1.3 STREET ADDRESS 49105 WILDWOOD COURT	
1.4 CITY-ST-ZIP SHELBY TOWNSHIP, MI 48315	
2.1 TITLE DS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME JOAN T. AKER	
2.3 STREET ADDRESS 2650 SHADOW COVE	
2.4 CITY-ST-ZIP ANNAPOLIS, MD 21401	
3.1 TITLE DT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME DOUGLAS W. AKER	
3.3 STREET ADDRESS 2650 SHADOW COVE	
3.4 CITY-ST-ZIP ANNAPOLIS, MD 21401	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Douglas W. Aker TREASURER 4-15-98

CR2E037 (10/97)