


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 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 # 720437 (3)
 1. Corporation Name
PALMS ASSOCIATION OF ALTON ROAD, INC.



Principal Place of Business 1025 ALTON ROAD, APT. 508 APT 201 MIAMI BEACH FL 33139 US	Mailing Address 1025 ALTON ROAD, APT. 508 APT 201 MIAMI BEACH FL 33139 US
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3. Date Incorporated or Qualified 03/08/1971
4. FEI Number 59-2229952
Applied For Not Applicable

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
	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CARICATO, JOHN
1025 ALTON RD
APT 409
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, ROSS	
STREET ADDRESS	1025 ALTON RD APT 702	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AKENS, MARK	
STREET ADDRESS	1025 ALTON RD APT 308	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NORDLUND, RANDALL	
STREET ADDRESS	1025 ALTON RD APT 803	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARICATO, JOHN	
STREET ADDRESS	1025 ALTON RD APT 409	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	1025 ALTON RD., APT 207	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, ISABEL	
STREET ADDRESS	1025 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAN BRADY	
1.3 STREET ADDRESS	1025 ALTON RD. APT 205	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD AKENS ROSINSKI	
2.3 STREET ADDRESS	1025 ALTON RD. APT 208	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSS BERGER	
3.3 STREET ADDRESS	1025 ALTON RD. #702	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERALDO CAMPOS	
4.3 STREET ADDRESS	1025 ALTON RD. APT 401	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: 8/29/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 305-532-8275

CR2E037 (5/98)