


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728615 (6)
1. Corporation Name
JAMAICA ROYALE MANAGEMENT, INC.

Principal Place of Business 5830 MIDNIGHT PASS RD. SARASOTA FL 34242	Mailing Address 5830 MIDNIGHT PASS RD. SARASOTA FL 34242-2108
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1974	3a. Date of Last Report 04/24/1996
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1506326	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF AND STREITFELD, P.A. 630 S. ORANGE AVENUE, THIRD FLOOR SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, ALFRED	1.2 NAME	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULHANE, GERALD C.	2.2 NAME	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIER, ELWOOD	3.2 NAME	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARNER, ROBERT	4.2 NAME	
STREET ADDRESS	5830 MIDNIGHT PASS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HUGH	5.2 NAME	
STREET ADDRESS	5830 MIDNIGHT PASS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKEEN, ROBERT	6.2 NAME	VP
STREET ADDRESS	5830 MIDNIGHT PASS RD	6.3 STREET ADDRESS	Primas, Carol
CITY-ST-ZIP	SARASOTA, FL 00000	6.4 CITY-ST-ZIP	5830 Midnight Pass Rd. Sarasota, FL 34242

14. I do 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: **4-24-97** DAYTIME PHONE: **941-3495**

CFR2E037 (9/96)