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Mar 26 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 # 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
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3. Date Incorporated or Qualified 01/11/1974	
4. FEI Number 59-1506326	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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	

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

9. Name and Address of Current Registered Agent
**BECKER, POLIAKOFF AND STREITFELD, P.A.
830 S. ORANGE AVENUE, THIRD FLOOR
SARASOTA FL 34238**

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	P	<input type="checkbox"/> DELETE
NAME	MILNER, ALFRED	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CULHANE, GERALD C.	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODIER, ELWOOD	
STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARNER, ROBERT	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, HUGH	
STREET ADDRESS	5830 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PRIMAS, CAROL	
STREET ADDRESS	5830 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES, CYRIL	
1.3 STREET ADDRESS	5830 MIDNIGHT PASS ROAD	
1.4 CITY-ST-ZIP	SARASOTA, FL. 34242	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEYERS, PAUL	
2.3 STREET ADDRESS	5830 MIDNIGHT PASS RD.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dalicandro, Larry	
3.3 STREET ADDRESS	5830 Midnight Pass Road	
3.4 CITY-ST-ZIP	SARASOTA, FL. 34242	
4.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRIMAS, AARON	
6.3 STREET ADDRESS	5830 Midnight Pass Road	
6.4 CITY-ST-ZIP	Sarasota, FL. 34242	

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: *X [Signature] - Culhane* 3-19-98

CR2E037 (10/97)