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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768269

1. Corporation Name
BRADENTON TROPICAL PALMS, INC.

Principal Place of Business 2310 14TH STREET WEST BRADENTON FL 34205 US	Mailing Address 2310 14TH STREET WEST BRADENTON FL 34205 US
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JOB DESCRIPTION

APPROVAL TC



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2298601
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent

KORP, WILLIAM R.
333 SOUTH TAMAMI TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINLEY, J	1.2 NAME	Sanford, Norman
STREET ADDRESS	1507 23RD AVE DR W	1.3 STREET ADDRESS	1504 23rd Ave. W.
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANFORD, N	2.2 NAME	Rainsberger, Lynn
STREET ADDRESS	1504 23 AVE W	2.3 STREET ADDRESS	2705-16th St. Ct. W.
CITY-ST-ZIP	BRADENTON FL 34205	2.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILB, BEVERLY	3.2 NAME	Peratt, Virginia
STREET ADDRESS	2302 16TH ST W	3.3 STREET ADDRESS	2708 16th St. Ct. W.
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, S	4.2 NAME	Wertman, Dawna
STREET ADDRESS	21201 14H ST W	4.3 STREET ADDRESS	1417 24th Ave. W.
CITY-ST-ZIP	BRADENTON, FL 00000 34205	4.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILDUFF, F	5.2 NAME	Becker, Shirley
STREET ADDRESS	2516 17TH ST LANE W	5.3 STREET ADDRESS	2201 14th St. Ct. W.
CITY-ST-ZIP	BRADENTON, FL 00000 34205	5.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTICK, C	6.2 NAME	Waller, Robert
STREET ADDRESS	1707 21ST AVE W	6.3 STREET ADDRESS	1511 21st Ave. Dr. W.
CITY-ST-ZIP	BRADENTON, FL 00000 34205	6.4 CITY-ST-ZIP	Bradenton, FL 34205

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(4)(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, with all other like empowered.

SIGNATURE: Norman Sanford **REQUIRED** Date: 3-4-99 Daytime Phone # _____

CR2E037 (11/98)