

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 30 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F33098 (7)
1. Corporation Name
SECOND PALM BEACH MOTEL ENTERPRISES, INC.

Principal Place of Business Mailing Address
1601 BELVEDERE RD. SUITE 501 S WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-2095195	
24 Country		30 Country		Applied For	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMARIELLO, JOAN 1601 BELVEDERE RD WEST PALM BCH FL 33406				81 Name CT Corporation System			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
				83			
				84 City Plantation FL 85 Zip Code 33324			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.066, Florida Statutes.

SIGNATURE Conie Brey SPECIAL ASSISTANT SECRETARY DATE 4/30/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCED	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BUDEMMEYER, DAVID		1.2 NAME	300002515783--2			
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S		1.3 STREET ADDRESS	-05/07/98--01097--013			
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CITY-ST-ZIP	***150.00 ***150.00			
TITLE	VPF	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KNIGHT, WARREN M		2.2 NAME				
STREET ADDRESS	1601 BELVEDERE RD, STE 501, S		2.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP				
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPA/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUFFIN, ROBERT D		3.2 NAME	Charles M. Diaz			
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S		3.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S			
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33406			
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HALE, PHILLIP R		4.2 NAME				
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S		4.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE Charles M. Diaz

CR2E034 (10/97)