
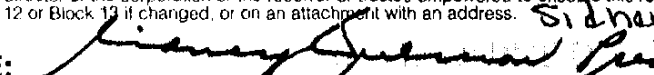


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000029719 (0) 1. Corporation Name LUCKY PALMETTO, INC.					
Principal Place of Business 3550 BISCAYNE BLVD. STE. 404 MIAMI FL 33137			Mailing Address 3550 BISCAYNE BLVD. STE. 404 MIAMI FL 33137-3854		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/22/1993 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0411189 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOLLAND, BRIAN 3550 BISCAYNE BLVD. STE. 404 MIAMI FL 33137			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 FL		
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 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE NAME STREET ADDRESS CITY-ST-ZIP 20 TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP 29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY-ST-ZIP 33 TITLE 34 NAME 35 STREET ADDRESS 36 CITY-ST-ZIP 37 TITLE 38 NAME 39 STREET ADDRESS 40 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 45 TITLE 46 NAME 47 STREET ADDRESS 48 CITY-ST-ZIP 49 TITLE 50 NAME 51 STREET ADDRESS 52 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  Sidney Dulman 3/25/97 (305) 576-1600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)