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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081557 (9)

PJP PLANTATION INVESTMENTS, INC.



97 SEP 26 /M 9: 1/2

SECKETARY OF STATE TALL AHASSEE I'L ORIDA



							'		i e t e t i et i		
Principal Plac	e of Business	Mailing	Address				f anninger in 1818# (iii) sein Mein Ment (BEBL SOIDI LI		18811991	
26212 MADRAS COURT CHARLOTTE HARBOR FL 33983 CHARLOTTE HARBOR FL 33983 CHARLOTTE HARBOR FL 33983					i						
							3. Date Incorporated or Qualified 11/29/1993		e of Last R 1/1996	eport	
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number Applied				
21		26					65-0463626				
Suite, Apt.		Suite 27					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	e	City	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	<u> </u>				Trust Fund Contribution		Added t	to Fees	
Zip	Country	Zip	——————————————————————————————————————				8. This corporation has liability for in			. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No					
A-14		t Hegistered	Agent		81	Mana	10. Name and Address of New Reg	istered A	gent		
	DER, WILLIAM M				811	Name					
1550 RINGLING BLVD.						Street Add	dress (P.O. Box Number is Not Acceptable	e)			
SAR	ASOTA FL 34238										
	•			L	83 84	City			85 Zip (Code	
				1	-	Oily		FL	103 Zip (J0000	
11. Pursuant office or ragent. I a	to the provisions of Soctions 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.15 of Florida. Su itions of, Sect	08, Florida Statut ch change was ion 607.0505, Fl	tes, the ab authorized orida Stati	ove by utos	e-named cor the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of the appo	changing it intment as	s registered registered	
SIGNATURE	Signature, typod or printed name of registered ager	the first trial is a paid	able (MC)	I Dogiczona	Ago	ot cionstra rece	uired when reinstaturg)	DATE			
12.	OFFICERS AND			13.	Age	nt signa.ore rade	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	PVSD		DELETE	1.1 107	LF						
NAME	PALMER, PHILIP J.				1.2 NAME		3000023	ياتاد		<u></u> 3	
STREET ADDRESS	26212 MADRAS CT					ADDRESS	~1U/U1/3	(~~U1	105L	ነነ ወ ነነ ወ	
CITY-ST-ZIP	CHARLOTTE HARBOR FL		1.4 01				****550.00 ****550.			na" nn	
TITLE			DELETE 2.170						Change	Addition	
NAME			2.2 N			1					
STREET ADDRESS				2.3 STI	REET.	ADDRESS					
CITY-ST-ZIP				2 4 CI	TY-S	T-ZIP					
TITLE			DELETE	3 1 TIT					Change	Addition	
NAME				3.2 NA	ME	Ì					
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP					
TITLE			DELETE	4.1 1(1					Change	Addition	
NAME				4. 2 NA	ME	Ì		4			
STREET ADDRESS				4.3 STI	REFT	ADDRESS		·. ·			
CITY-ST-ZIP				4401	Y- \$1	I - 7IP					
TITLE			DELETE	5.1 117	LE				Change	☐ Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 STF	REET.	ADDRESS					
CITY-ST-ZIP	* *			5.4 CIT		1					
TITLE			DELETE	6.1711					Change	Addition	
NAME				6.2 NA	ME						
STREET ADDRESS				63 STF	REFT.	ADDRESS	$\mathcal{A}I$				
CITY-ST-ZIP				6.4 CIT			ω				
4 4 4 4 4											

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 Birdk 13 if changed, or on infultachment with an address.