

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008325 (9)
 1. Corporation Name
FRENCHMAN'S CREEK REALTY, INC.



Principal Place of Business 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410	Mailing Address 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0580680	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCRACKEN, JOHN B JONES, FOSTER, JOHNSTON & STUBBS 505 S FLAGLER DRIVE, 11TH FLOOR WEST PALM BEACH FL 33402				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL
				85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, HOWARD A	1.2 NAME	Seymour Spira
STREET ADDRESS	13245 VERDUN DRIVE	1.3 STREET ADDRESS	3819 Toulouse Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSSER, GERARD	2.2 NAME	Arthur Gordon
STREET ADDRESS	13400 PROVENCE	2.3 STREET ADDRESS	13789 Rivoli Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, LLOYD	3.2 NAME	Adolph Lovler
STREET ADDRESS	13236 VERDUN DRIVE	3.3 STREET ADDRESS	2880 Le Bateau Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTEN, JOHN	4.2 NAME	Millard Kay
STREET ADDRESS	13717 RIVOLI DRIVE	4.3 STREET ADDRESS	13750 Parc Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: _____ *[Signature]* **4/29/98** **(561)** **775-6100x362**

CR2E034 (10/97)