

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

FILED

Feb 16 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 # **G33108** (3)
1. Corporation Name
FLORIDA PROPERTIES OF THE PALM BEACHES, INC.

Principal Place of Business 4500 PGA BLVD STE 400 PALM BCH. GAR. FL 33418	Mailing Address 4500 PGA BLVD STE 400 PALM BCH. GAR. FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/13/1983	
4. FEI Number 59-2295346		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 type="checkbox"/> No			
9. Name and Address of Current Registered Agent KAIRALLA, ROBERT S 4500 PGA BLVD #400 PALM BCH. GAR. FL 33418				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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVT HATHAWAY, CHARLES H.	1.2 NAME	P D HATHAWAY, CHARLES H.
STREET ADDRESS	4500 PGA BLVD #400	1.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400
CITY-ST-ZIP	PALM BCH. GAR. FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD KAIRALLA, ROBERT S.	2.2 NAME	V KAIRALLA, ROBERT S.
STREET ADDRESS	4500 PGA BLVD #400	2.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400
CITY-ST-ZIP	PALM BCH. GAR. FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VST TROTTA, GLEN T.
STREET ADDRESS		3.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:  **Charles H. Hathaway** 2/4/98 (561) 627-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone # 0322668

CR2E034 (10/97)