

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 187693 (7)
1. Corporation Name
FORT PIERCE FLORIDA GARDEN ESTATES, INC.



Principal Place of Business C/O FROMBERG & FROMBERG 20801 BISCAYNE BLVD., #505 NORTH MIAMI BEACH FL 33180	Mailing Address C/O FROMBERG & FROMBERG 20801 BISCAYNE BLVD., #505 NORTH MIAMI BEACH FL 33180
--	--

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 09/14/1955	
21		26		4. FEI Number 59-6064927	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

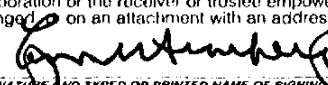
9. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD SUITE 505 NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	--	--

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	DVP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POPICK, DAVID	1.2 NAME	
STREET ADDRESS	1041 TUSCANY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARKA FL	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PALLANT, JOSEPH L.	2.2 NAME	
STREET ADDRESS	1201 WEST AVE #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FROMBERG, RHONA S.	3.2 NAME	
STREET ADDRESS	3796 NE 209 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DSV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FROMBERG, LYNN W.	4.2 NAME	
STREET ADDRESS	3796 NE 209 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:  3/1/98 305-933-2000

CR2E034 (10/97)