

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

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 533651 (6)**

1. Corporation Name  
**PALACIO DEL SOL, INC.**



Principal Place of Business <b>1253 PARK ST. CLEARWATER FL 34616</b>	Mailing Address <b>776 THORNWICK DR PITTSBURGH PA 15243 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5-A, 1500 PARK BEACH CIRCLE PUNTA GORDA, FL 33950 USA</b>	2a. Mailing Address <b>776 THORNWICK DR PITTSBURGH PA 15243 US</b>
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3. Date Incorporated or Qualified <b>05/10/1977</b>	
4. FEI Number <b>25-1332215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WARD, R. CARLTON  
1253 PARK ST.  
CLEARWATER FL 33516**

10. Name and Address of New Registered Agent

81 Name <b>MARTIN L. WARE</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>7351 KINGHURST DR Box 204</b>		
83		
84 City <b>Delray Beach</b>	85 State <b>FL</b>	Zip Code <b>33446</b>

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 *Martin L. Ware* DATE **3/16/98**

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCREADY, WILLIAM B, JR</b>		1.2 NAME	
STREET ADDRESS <b>776 THORNWICK DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PITTSBURGH, PA 00000</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCREADY, JAMES</b>		2.2 NAME	
STREET ADDRESS <b>311 CANTEBURY DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PITTSBURGH, PA 00000</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCREADY, EDWARD L</b>		3.2 NAME	
STREET ADDRESS <b>105 DAYTON DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>EASLEY SC</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARD, R CARLTON</b>		4.2 NAME	
STREET ADDRESS <b>1253 PARK ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER, FL 00000</b>		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 *Martin L. Ware*

CFR2E034 (10/97)