

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 194768 (8)
 1. Corporation Name
LAKE PALMS APARTMENTS INC



Principal Place of Business Mailing Address
750 BURLINGTON AVENUE. NORTH **750 BURLINGTON AVENUE. NORTH**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701-3125**

3. Date Incorporated or Qualified **07/23/1956** 3a. Date of Last Report **04/25/1996**
 4. FEI Number **59-0814139** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CLARK, GRACE
750 BURLINGTON AVE N
ST. PETERSBURG FL 33701

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ZENTGRAF, BETTY
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	CLARK, GRACE
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	SANFORD, PEGGY
STREET ADDRESS	750 BURLINGTON AV. NO.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HURT, ROBERT
STREET ADDRESS	750 BURLINGTON AV. NO.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WACHOWITZ, TILLA
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	RANS, ROBERT
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP Virginia Martin
4.3 STREET ADDRESS	750 Burlington Av No
4.4 CITY-ST-ZIP	St Petersburg Fl. 33701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Grace Clark* 4/26/97 (813)898 9184
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)