

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

FILED
May 13 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 # 194768 (8)
1. Corporation Name
LAKE PALMS APARTMENTS INC



Principal Place of Business: 750 BURLINGTON AVENUE, NORTH ST. PETERSBURG FL 33701
Mailing Address: 750 BURLINGTON AVENUE, NORTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1956

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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, 83, 84 City, 85 Zip Code (FL)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MARTIN, VIRGINIA	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 750 BURLINGTON AVE N	CITY-ST-ZIP: ST PETERSBURG, FL 00000	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: ST	NAME: CLARK, GRACE	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 750 BURLINGTON AVE N	CITY-ST-ZIP: ST PETERSBURG, FL 00000	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: P	NAME: SANFORD, PEGGY	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 750 BURLINGTON AV. NO.	CITY-ST-ZIP: ST. PETERSBURG FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: VP	NAME: HURT, ROBERT	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 750 BURLINGTON AV. NO.	CITY-ST-ZIP: ST. PETERSBURG FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: WACHOWITZ, TILLA	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 750 BURLINGTON AVE N	CITY-ST-ZIP: ST PETERSBURG, FL 00000	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: RANS, ROBERT	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 750 BURLINGTON AVE N	CITY-ST-ZIP: ST PETERSBURG, FL 00000	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

Handwritten additions in 13:
4.2 NAME: ZENTGRAF, Betty
4.3 STREET ADDRESS: 750 BURLINGTON AV NO
4.4 CITY-ST-ZIP: ST PETERSBURG FL 33701
6.2 NAME: Potts, Robert
6.3 STREET ADDRESS: 150 Burlington Av. No
6.4 CITY-ST-ZIP: ST. PETERSBURG FL 33701

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 attached document with an address.

SIGNATURE: Grace Clark Secretary of State 11-1-98 (813) 998-9111

CR2E034 (10/97)