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**Jan 14 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 # 353634 (9)

1. Corporation Name
SILVER PALM PROPERTIES INC

Principal Place of Business: **22900 SOUTH DIXIE HIGHWAY GOULDS FL 33170**

Mailing Address: **P.O. BOX 157 GOULDS FL 33170**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1969	3a. Date of Last Report 05/01/1996
21	22	26	27	4. FEI Number 59-1551122	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAFONTISEE, LOUIS L JR
3121 COMMODORE PLAZA
#301
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENDALL JR, HAROLD E	
STREET ADDRESS	22900 S DIXIE HWY	
CITY-ST-ZIP	GOULDS, FL 00000 33170	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	23600 S. DIXIE HWY
1.4 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: *[Signature]* **HAROLD KENDALL JR.** DATE: **1-17-97** DAYTIME PHONE: **305 258-1628**

CR2E034 (9/96)