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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 # 356096 (8)
1. Corporation Name
PALM COAST INC



Principal Place of Business

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151

Mailing Address

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151-0001

3. Date Incorporated or Qualified 12/01/1969	3a. Date of Last Report 03/07/1996
4. FEI Number 59-1366342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD T/D
NAME	ARBERG, LEE W	12 NAME	CHARLES J. CALLEA
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	13 STREET ADDRESS	1 CORPORATE DR.
CITY - ST - ZIP	PALM COAST FL	14 CITY - ST - ZIP	PALM COAST, FL 32151
TITLE	V	21 TITLE	
NAME	ARMOUR, WILLIAM	22 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	
NAME	BUTLER, JR. SAMUEL	32 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	P/D
NAME	GARDNER, JAMES E.	42 NAME	JAMES E. GARDNER
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	43 STREET ADDRESS	1 CORPORATE DR.
CITY - ST - ZIP	PALM COAST FL	44 CITY - ST - ZIP	PALM COAST, FL 32151
TITLE	V	51 TITLE	
NAME	BOLCAR, SANDRA	52 NAME	
STREET ADDRESS	1088 TEANECK ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	TEANECK NJ	54 CITY - ST - ZIP	
TITLE	S	61 TITLE	
NAME	CUFF, ROBERT G., JR.	62 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	63 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	64 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 in an attachment with an address.

CR2E034 (9/96)