

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 437659 (6)

1. Corporation Name
PALM BEACH GOLF ESTATES, INC.



Principal Place of Business
**521 MUIRFIELD DR
ATLANTIS FL 33462**

Mailing Address
**521 MUIRFIELD DR
ATLANTIS FL 33462**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

3. Date Incorporated or Qualified: **10/06/1973**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-1485167**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RAUCH, HARRY
521 MUIRFIELD DR
LANTANA FL 33462**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.1506, 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 607.0202, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAUCH, HARRY	
STREET ADDRESS	521 MUIRFIELD DR.	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11. TITLE		
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE		
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE		
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE		
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: [Signature] HARRY RAUCH 4/25/96 407-793-1817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)