

FILED
Apr 24 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 # 652777 (4) 1. Corporation Name PLAN-TEK REALTY OF PALM BEACH, INC.																																																							
Principal Place of Business 243 NE 5TH AVENUE STE 210 DELRAY BEACH FL 33483 US		Mailing Address 243 NE 5TH AVE STE 210 DELRAY FL 33483 US																																																					
2. Principal Place of Business 21 96 N.E. 4th Avenue Suite, Apt #, etc. 22 City & State 23 Delray Beach, Fl Zip Country 24 33483 25 US		2a. Mailing Address 26 96 N.E. 4th Avenue Suite, Apt #, etc. 27 City & State 28 Delray Beach, Fl Zip Country 29 33483 30 US																																																					
9. Name and Address of Current Registered Agent <div style="float: left; width: 80%;"> ROSSI, ENRICO 625 WHISPERING PINES RD BOYNTON BCH FL 33435 </div> <div style="float: right; width: 15%;"> 81 Name 82 Street Address 83 84 City </div> <div style="clear: both;"></div>																																																							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE <small>Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required.)</small>																																																							
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3. Date Incorporated or Qualified 01/21/1980	
4. FEI Number 59-1961531	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 607.0506, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registrant. If a parent, attach photo of applicable child.

(NCH) Registered Agent signature required when reinstating.

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ENRICO	1.2 NAME	
STREET ADDRESS	243 NORTHEAST 5TH AVENUE	1.3 STREET ADDRESS	96 N.E. 4th Avenue
CITY - ST - ZIP	DELRAY BEACH FL 33483	1.4 CITY - ST - ZIP	DeLray Beach, FL 33483
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 attachment with an address.

SIGNATURE:

4-71-0000 4-1520-1000

CR2E034 (10/97)