

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720655** (0)
1. Corporation Name
PLANTATION TROPICAL PARK, INC.

Principal Place of Business 103 ORCHID STREET TAVERNIER FL 33070-2416	Mailing Address 103 ORCHID STREET TAVERNIER FL 33070-2415
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2. Principal Place of Business 21 103 ORCHID ST Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/05/1971	3a. Date of Last Report 02/07/1996
22 TAVERNIER FL City & State		27 City & State		4. FEI Number 65-0134883	Applied For <input type="checkbox"/> Not Applicable
23 33070 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 U.S. Country		29 Country		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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'HARA, MARGARET R. 103 ORCHID ST TAVERNIER FL 33070		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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Margaret R. O'Hara 3-15-97
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEFE, NORMAN	1.2 NAME	
STREET ADDRESS	177 ORCHID ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLETT, BETTY	2.2 NAME	
STREET ADDRESS	123 ORCHID ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELFE, NORMAN,	3.2 NAME	
STREET ADDRESS	177 ORCHID ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA ANTHONY J.,	4.2 NAME	
STREET ADDRESS	103 ORCHID ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHARA MARGARET R.,	5.2 NAME	
STREET ADDRESS	103 ORCHID ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHARA ANTHONY,	6.2 NAME	
STREET ADDRESS	103 ORCHID ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Selfe 3-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025999

CR2E037 (9/96)