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Apr 28 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 # F27158 (7)
1. Corporation Name
PALM PLANTATION DEVELOPMENT COMPANY



Principal Place of Business
1423 SO PATRICK DRIVE
C/O KENNETH N JACOBY
SATELLITE BEACH FL 32937

Mailing Address
1423 SO PATRICK DRIVE
C/O KENNETH N JACOBY
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-2177959	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACOBY, KENNETH N 1423 SO PATRICK DRIVE SATELLITE BEACH FL 32937		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	JACOBY, KENNETH N	1.2 NAME	
STREET ADDRESS	1423 S PATRICK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	GOLDSTEIN, EDWARD	2.2 NAME	
STREET ADDRESS	465 RED SAIL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *K. H. Jacoby* D. 1.5 4/21/98 4177731997

CR2E034 (10/97)