


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L52492** (0)  
1. Corporation Name  
**PALAIS DU PONT, INC.**



Principal Place of Business <b>401 EAST OSCEOLA ST. STUART FL 34994-2576</b>	Mailing Address <b>401 EAST OSCEOLA ST. STUART FL 34994-2576</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>02/23/1990</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0174817</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip	<b>25</b> Country	<b>29</b> Zip		<b>30</b> Country	
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	

**GOOGE, HOWARD E., JR**  
**401 E. OSCEOLA STREET**  
**STUART FL 34994**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	SALVATORI, E.A.	1.2 NAME	
STREET ADDRESS	401 E. OSCEOLA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	NEW, ROBIN	2.2 NAME	
STREET ADDRESS	401 E. OSCEOLA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	NEW, ROBIN	3.2 NAME	
STREET ADDRESS	401 E. OSCEOLA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	MARMO, JOSEPH	4.2 NAME	
STREET ADDRESS	401 E. OSCEOLA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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:

9-23-98 561-9476

CR2E034 (1097)