


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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M53885 (3)
1. Corporation Name
PALMETTO REALTY & INVESTMENTS, INC.



Principal Place of Business 11400 N KENDALL DRIVE MIAMI FL 33176-1041 1876 N UNIVERSITY PLANTATION FL DR 33322	Mailing Address 11400 N KENDALL DRIVE MIAMI FL 33176-1032
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2. Principal Place of Business 21 1876 N UNIVERSITY DR Suite, Apt. #, etc. 22 #201 M City & State 23 PLANTATION FL Zip 24 33322	2a. Mailing Address 26 1876 N UNIVERSITY DR Suite, Apt. #, etc. 27 #201 M City & State 28 PLANTATION FL Zip 29 33322 Country 30 BROWARD
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3. Date Incorporated or Qualified 06/15/1987	3a. Date of Last Report 06/21/1996
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4. FEI Number 59-2815391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DESCHAMPS, JOSETTE 1280 S ALHAMBRA CIRCLE #2400 CORAL GABLES FL 33148	10. Name and Address of New Registered Agent 81 Name DESCHAMPS JOSETTE 82 Street Address (P.O. Box Number is Not Acceptable) 1876 N. UNIVERSITY DRIVE 83 #201M 84 City PLANTATION FL 85 Zip Code 33322
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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 *Joette Deschamps* DATE 5/28/97
(NOTE: Registered Agent Signature required when reinstating)

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 DESCHAMPS, JOSETTE		1.2 NAME	
STREET ADDRESS 147 SW 96 AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Joette Deschamps* DATE 5/28/97

CR2E034 (9/96)