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Apr 18 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 # N01338 (5)

1. Corporation Name
LAKES OF DELRAY, INC.



Principal Place of Business 3900 WOODLAKE BLVD SUITE 201 LAKE WORTH FL 33463 US	Mailing Address 3900 WOODLAKE BLVD. SUITE 201 LAKE WORTH FL 33463-3045 US
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3. Date Incorporated or Qualified 02/09/1984	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2596584	Applied For <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J.
700 NW 107TH AVE.
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DREWS, ROBERT W.	
STREET ADDRESS	12230 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH F	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, TAMMY	
STREET ADDRESS	12230 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JEFF	
STREET ADDRESS	12230 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALPREN, HY	
1.3 STREET ADDRESS	15244 LAKES OF DELRAY BLVD #203	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOLOMON, JACQ	
2.3 STREET ADDRESS	15365 LAKES OF DELRAY BLVD #113	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
3.1 TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NGIMROFF, BERNARD	
3.3 STREET ADDRESS	15461 PEMBROKE DR. #211	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEDMAN, MILTON	
4.3 STREET ADDRESS	5574 WITNEY DR. #302	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AVP (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KLEINER, HAROLD	
6.3 STREET ADDRESS	15090 ASHLAND PLACE #170	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	

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: *Hy Halpren* **REGISTERED** **4/9/97** Date Daytime Phone # 0043827

CR2E037 (9/96)