

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N12794** (6)

1. Corporation Name

**PALMETTO LAKES PLAZA "B" CONDOMINIUM, INC.**

95 MAY - 1 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8042 WEST 21ST AVENUE  
MIAMI LAKES FL 33016

7016 CROWN GATE CT  
MIAMI LAKES FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/30/1985</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>59-1882508</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8012 W 21ST AVENUE</b>	2a. Mailing Address 26 <b>8012 W 21ST AVENUE</b>
Suite, Apt. #, etc. 22 <b>UNIT B-1</b>	Suite, Apt. #, etc. 27 <b>UNIT B-1</b>
City & State 23 <b>HIALEAH, FL</b>	City & State 28 <b>HIALEAH, FL</b>
Zip 24 <b>33016</b>	Country 25 <b>DADE</b>
Zip 29 <b>33016</b>	Country 30 <b>DADE</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RODRIGUEZ, ROY</b> <b>8042 WEST 21ST AVENUE</b> <b>HIALEAH FL 33016</b>				81 Name	<b>HOUCK, JAMES S</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>8012 W 21ST AVENUE</b>		
				83	<b>UNIT B-1</b>		
				84 City	<b>HIALEAH</b>	85 State	<b>FL</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **5/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b>	1.1 TITLE	<b>D/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, PHYLLIS</b>	1.2 NAME	<b>HOUCK, CARILYN</b>
STREET ADDRESS	<b>7016 CROWN GATE COURT</b>	1.3 STREET ADDRESS	<b>8012 W 21ST AVENUE</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	<b>HIALEAH, FL, 33016-1822</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PD</b>	2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ROY</b>	2.2 NAME	<b>HOUCK, JAMES S</b>
STREET ADDRESS	<b>8042 W 21ST AVE</b>	2.3 STREET ADDRESS	<b>8012 W 21ST AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016-1822</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VD</b>	3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOSCO, LINDA P</b>	3.2 NAME	<b>CHEETHAM, RICHARD</b>
STREET ADDRESS	<b>8013 W 21ST CT</b>	3.3 STREET ADDRESS	<b>2100 W 76TH STREET, SUITE 310</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* James S Houch Date: **5/1/95** 305-556-0923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #