


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 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 # N37474 (6)
 1. Corporation Name
PALMETTO WALK MERCHANTS ASSOCIATION, INC.



Principal Place of Business 4856 FIRST COAST HWY SUITE 1 AMELIA ISLAND FL 32034 US	Mailing Address 4856 FIRST COAST HWY SUITE 1 AMELIA ISLAND FL 32034 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1990	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21 4924 First Coast Hwy	2a. Mailing Address 26 4924 First Coast Hwy
22 Suite 6	27 Suite 6
23 Amelia Island, Fl.	28 Amelia Is, Fl.
24 32034	25 US
29	30

4. FEI Number NOT APPLICABLE	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TENNILE, TERRI
49 MARSH LAKES COURT
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

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

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 Terri Tennille DATE 7/23/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TENNILE, TERRI	
STREET ADDRESS	49 MARSH LAKES CT	
CITY-ST-ZIP	FERNADINA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LASH, MARY	
STREET ADDRESS	118 MARIAN DRIVE	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PATTON, JULIE	
STREET ADDRESS	1801 CALHOUN ST	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tennille, Terri	
1.3 STREET ADDRESS	218 Marsh Lakes Cct	
1.4 CITY-ST-ZIP	Fernandina, Fl, Fl.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Terri Tennille DATE 8/19/97

CR2E037 (4/97)