SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500005631 (5)

Secretary of State L.F. PALM BEACH REALTY CORPORATION Principal Place of Business Mailing Address C/O ULLICO INC., ATTN: MORT. & REAL EST 3. Date incorporated or Qualified 905 16TH STREET, N.W. WASHINGTON DC 20006-1765 111 MASS, AVE. N.W. 11/27/1995 WASHINGTON DC 20001 4. FEI Number Applied For 58-2231562 Not Applicable Principal Place of Business 2a. Mailing Address, \$8.75 Additional П 5. Certificate of Status Desired HAIM BEACH REALTY COYP Fee Required 26 Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be KANNER HIGHWAY 27 Trust Fund Contribution Added to Fees 22 7. Is this nonprofit corporation a homeowners association? 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 29 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE છે TITLE DELETE NAME BEARSE, MICHAEL S 1.2 NAME 905 16TH STREET, N.W. STREET ADDRESS 1.3 STREET ADDRESS WASHINGTON DC 20008-1765 1.4 CITY-ST-ZIP CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME FISCHER, GEORGE J 2.2 NAME STREET ADDRESS 905 16TH STREET, N.W. 2.3 STREET ADDRESS WASHINGTON DC 20008-1765 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE Addition NAME WARREN, MASON M 3.2 NAME STREET ADDRESS 905 16TH STREET, N.W. 3.3 STREET ADDRESS WASHINGTON DC 20006-1765 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE Change Addition DELETE 4.2 NAME NAME VINALL, R P STREET ADDRESS 905 16TH STREET, N.W. 4.3 STREET ADDRESS WASHINGTON DC 20006-1765 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME CAVALLARO, ALFRED A 5.2 NAME STREET ADDRESS 905 16TH STREET, N.W. 5.3 STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20006-1765 5.4 CITY-ST-ZIP 6.1 TITLE TITLE ___ Change DELETE Addition 5000025986**8**5 **6.2 NAME** NAME -07/27/98--01002--0**3**4 **6.3 STREET ADDRESS** STREET ADDRESS ***61.25 6.4 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 24 1998 8:00am